IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JAMES G. HUFFMAN)
Plaintiff,))
v.) CIVIL ACTION NO. 2:06-CV-748-MEF
SOUTHERN HEALTH SERVICES, et al.,) (WO)
Defendants.))

DEFENDANTS' SPECIAL REPORT AND ANSWER

Defendants, Southern Health Partners, Inc. (designated in the Complaint as both "Southern Health Services Partners" and "Nurses of Southern Health Partners"), and Kenneth Nichols, M.D., (designated in the Complaint as both "Dr. Nichols" and "Dr. Nicholson, M.D.") submit their Special Report and Answer to the Court as follows:

I. INTRODUCTION

The plaintiff filed his Complaint on August 22, 2006 and his amended complaint on September 28, 006. On August 30, 2006, this Court ordered Defendants to file an Answer and Special Report concerning the factual allegations made by the plaintiff in his Complaint and amendments thereto. Pursuant to paragraph one of the Order for Special Report, Defendants aver that there are no similar complaints against them that should be considered with this complaint. This Court has dismissed Hollis v. Ellis, CV No. 2:06-CV-814-WKW, which was referenced by the codefendants.

II. PLAINTIFF'S ALLEGATIONS

The plaintiff alleges that these Defendants failed to provide adequate or appropriate medical attention in violation of the plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. Specifically, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005. ¹

III. DEFENDANTS' ANSWER TO PLAINTIFF'S ALLEGATIONS

Defendants deny the allegations made against them by the plaintiff as said allegations are untrue and completely without basis in law or fact. Defendants deny that they acted, or caused anyone to act, in such a manner as to deprive the plaintiff of any right to which he was entitled. The plaintiff's Complaint fails to state a claim upon which relief can be granted. Defendants raise the defenses of Eleventh Amendment immunity, qualified immunity, the plaintiff's failure to comply with the Prison Litigation Reform Act and additional defenses presented below. Defendants reserve the right to add additional defenses if any further pleading is required or allowed by the law.

IV. SWORN STATEMENTS

Pursuant to Paragraph 2 of the Court's Order, Defendants submit the affidavits of Dr. Nichols (Exhibit 1), and Tina Ellis, LPN (Exhibit 2), who are persons having knowledge of the subject matter of the Complaint.

¹ This statement of the plaintiff's allegations is based upon the plaintiff's Complaint as amended and the undersigned's interpretation of the issues raised. If other issues are presented, Defendant requests that this Honorable Court grant Defendants an opportunity to answer and address those issues.

V. STATEMENT OF FACTS

A. Background

- 1. Dr. Nichols obtained his medical degree from UAB in 1982. From 1982 to 1985, he performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, he has been in private practice in internal medicine in Prattville, Alabama. He is licensed by the State of Alabama as a medical doctor and has been so since 1985. Since 1997, Dr. Nichols has been the medical director of the Autauga County Jail. Since November 2005, he has been employed by Southern Health Partners, Inc. ("SHP") to be the medical director of the Autauga County Jail. (Nichols Aff. at ¶ 2.)
- 2. Tina Ellis, LPN ("Nurse Ellis") obtained her LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, she became licensed by the State of Alabama as an LPN. Since May 2006, she has been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail. (Ellis Aff. at ¶ 2.)
- 3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of a medical team administrator ("MTA") as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Nichols was the medical director of the jail, and Jennifer Cook, Donna Cooey, Gail Colburn and Tina Ellis have served as the MTA. (Nichols Aff. at ¶ 3.)

4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit. (Nichols Aff. at \P 4.)

B. Chronology of the plaintiff's treatment

- 5. A true and correct copy of SHP's entire medical chart on the plaintiff is attached to Nurse Ellis' affidavit as Exhibit A. (Ellis Aff. at ¶6.)
- 6. The plaintiff's January and February 2004 medical records from Baptist Medical Center East in Montgomery, Alabama are attached to Dr. Nichols' affidavit as Exhibit A, the plaintiff's April 27, 2005 discharge summary from Shelby Baptist Hospital in Alabaster, Alabama is attached to Dr. Nichols' affidavit as Exhibit B, and records related to the plaintiff's May 30, 2006 emergency room admission are attached to Dr. Nichols' affidavit as Exhibit C. (Nichols Aff. at ¶ 6.)
- 7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure. (Nichols Aff. at ¶ 7.)
 - 8. Upon review of the plaintiff's January and February 2004 records from Baptist

Medical Center East (Ex. A), the plaintiff did not suffer a heart attack in January 2004. On January 27, 2004, he was admitted to Baptist Medical Center East with complaints of chest pain, and he was seen by Dr. Finklea, who ruled out heart attack. Based on the history taken by Dr. Finklea, the plaintiff had a stenting of his left arterior descending ("LAD") artery in July 2002. He underwent repeat catheterization in January 2003 for recurrent chest discomfort and the stent was found to be open. On January 29, 2004, the plaintiff underwent catheterization performed by Dr. Finklea, who found the plaintiff's LAD stent to be patent and placed another stent in the circumflex artery. In his discharge instructions, Dr. Finklea prescribed Plavix 75 mg daily for three months, which would have expired at the end of April 2004. (Nichols Aff. at ¶ 8.)

- 9. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to include Elavil at night to help him sleep. (Nichols Aff. at ¶ 9.)
- 10. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep. (Nichols Aff. at ¶ 10.)
- 11. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started the plaintiff on Fluoxitine (brand name Prozac) 20 mg. for depression and anxiety. (Nichols Aff. at ¶ 11.)
- 12. On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix and prescribed aspirin 325 mg. by mouth twice a day for his heart. Based upon Dr. Nichols' medical judgment, Plavix was no longer indicated, because it had been 22 months since the plaintiff's last

cardiac event in January 2004. Also, Plavix, at that time, was not on SHP's formulary of approved drugs. (Nichols Aff. at ¶ 12.)

- In November 2005, the plaintiff was administered the following medications: 13.
- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol.
- Atarax for anxiety
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Paxil for depression and anxiety up through November 29, 2005.
- Fluoxitine (brand name Prozac) on November 30, 2005 for depression/anxiety. (Nichols Aff. at ¶ 13.)
 - In December 2005, the plaintiff was administered the following medications: 14.
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Vasotec for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 14.)

On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining 15. that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN- the MTA during this time period-- on December 16, 2005, and Nurse Colburn educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home. As stated before, at this juncture, it was Dr. Nichols' opinion that Plavix was not indicated, although it would not hurt the plaintiff if he were to take it. (Nichols Aff. at ¶ 15.)

- On January 3, 2006, Angela Henley, LPN, performed a history and physical on the 16. plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder. (Nichols Aff. at ¶ 16.)
- 17. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 17.)

- 18. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail. (Nichols Aff. at ¶ 18.)
- 19. The plaintiff was again booked into the Autauga County Jail on April 30, 2006. In his complaint, the plaintiff claims that he had a heart attack on April 22, 2006, and was discharged from the hospital on April 27, 2006. Attached as Exhibit A to Dr. Nichols' affidavit is the discharge summary from Shelby Baptist Medical Center dated April 27, 2006. As set out in the discharge

summary, the plaintiff was admitted to the hospital with complaints of chest pain, but he was not diagnosed with a heart attack. Instead, the cardiologist recommended that he undergo a cardiac catheterization, which showed no change from his previous catheterization. There was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. (Nichols Aff. at ¶ 19.)

- 20. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising. (Nichols Aff. at ¶ 20.)
- 21. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor. On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications he was on at the time he left the jail in February, substituting lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril. Again, based on the plaintiff's history, it was Dr. Nichols' medical judgment that the plaintiff did not need Plavix for his heart and could be adequately treated with aspirin. (Nichols Aff. at ¶ 21.)
- 22. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint. (Nichols Aff. at ¶ 22.)
- 23. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and

Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same. (Nichols Aff. at ¶ 23.)

- On May 11, 2006, Dr. Nichols saw the plaintiff, and the plaintiff complained of pain 24. in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain. (Nichols Aff. at ¶ 24.)
- On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again 25. complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see. (Nichols Aff. at ¶ 25.)
- On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his 26. left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered Tylenol to treat the plaintiff's complaints of pain. (Nichols Aff. at ¶ 26.)
 - 27. In May 2006, the plaintiff was administered the following medication:
 - Aspirin for his heart.
 - Lovastatin (brand name Mevacor) for cholesterol
 - Vasotec for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.

(Nichols Aff. at \P 27.)

- On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. The plaintiff's records from this ER visit are attached as Exhibit B to Dr. Nichols' affidavit. Tina Ellis, LPN, documents this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Based upon the emergency room records, there was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix based on his medical judgment that the plaintiff was responding well to aspirin and did not need Plavix. (Nichols Aff. at ¶ 28.)
- 29. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs. (Nichols Aff. at ¶ 29.)
- 30. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain. (Nichols Aff. at ¶ 30.)
 - 31. In June 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand nameVasotec) for high blood pressure.

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- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.

(Nichols Aff. at ¶ 31.)

- 32. On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complained that his left ankle was swollen rising out of his fall down the stairs and requested an xray. (Nichols Aff. at ¶ 32.)
- On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left 33. ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle. (Nichols Aff. at ¶ 33.)
 - In July 2006, the plaintiff was administered the following medications: 34.
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.

- Fluoxitine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).

(Nichols Aff. at ¶ 34.)

- 35. In August 2006, the plaintiff was administered the following medications:
- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.

(Nichols Aff. at ¶ 35.)

- 36. On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril. (Nichols Aff. at ¶ 36.)
- 37. On September 2, 2006, the plaintiff completed a refusal of treatment and release of responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin. (Nichols Aff. at ¶ 37.)

- 38. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications. (Nichols Aff. at ¶ 38.)
- 39. On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, the plaintiff was seen by Tina Ellis, LPN, who referenced Dr. Nichols prior orders for medication. (Nichols Aff. at ¶ 39.)
- 40. On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of pain in his abdomen and requested to see Dr. Nichols. (Nichols Aff. at ¶ 40.)
- 41. On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed him with esophageal reflux. Dr. Nichols prescribed Reglan to assist him with this problem. (Nichols Aff. at ¶ 41.)
 - 42. In October 2006, the plaintiff was administered the following medications:
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Mylanta for acid indigestion

(Nichols Aff. at ¶ 42.)

C. Defendants were not deliberately indifferent to the plaintiff's medical needs.

- A3. Based upon Dr. Nichols' review of the plaintiff's records, his treatment of the plaintiff and his education, training and experience, it is his medical opinion that the plaintiff received appropriate medications for his heart problems and anxiety. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. While incarcerated at the Autauga County jail, the plaintiff has not identified nor has he ever informed Dr. Nichols or the medical staff that he was taking Percocet for back pain. The plaintiff was not denied any medication, including Plavix, on the basis of cost or expense. On the contrary, Dr. Nichols' orders prescribing and discontinuing medication to the plaintiff were based solely on Dr. Nichols' medical judgment of the plaintiff's condition. (Nichols Aff. at ¶ 43.)
- 44. Based upon Nurse Ellis' review of the plaintiff's records, her treatment of the plaintiff and her education, training and experience, it is her medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain. (Ellis Aff. at ¶ 44.)
- 45. All necessary care provided to the plaintiff by Dr. Nichols and the SHP medical staff was appropriate, timely and within the standard of care. (Nichols Aff. at ¶ 44; Ellis Aff. at ¶ 43.)

46. On no occasion was the plaintiff ever at risk of serious harm, nor was Dr Nichols or the medical staff ever indifferent to any complaint that the plaintiff made. (Nichols Aff. at ¶45; Ellis Aff. at ¶ 44.)

VI. LEGAL ARGUMENT

A. The plaintiff's claims against Defendants are due to be dismissed, because the plaintiff has presented no evidence that Defendants were deliberately indifferent to a serious medical condition.

In order to prevail under 42 U.S.C. § 1983 on his medical claim, the plaintiff must demonstrate that Defendants were deliberately indifferent to a serious medical condition. Because society does not expect that prisoners will have unqualified access to health care, deliberate indifference to medical needs amounts to an Eighth Amendment violation only if those needs are "serious." Hudson v. McMillian, 503 U.S. 1, 9 (1992). "A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention." Kelley v. Hicks, 400 F. 3d 1282, 1284 n. 3 (11th Cir. 2005). Where a prisoner has received medical attention and the dispute concerns the adequacy of the medical treatment, deliberate indifference is not shown. Hamm v. DeKalb County, 774 F.2d 1567 (11th Cir. 1985).

Indeed, in Estelle v. Gamble, 429 U.S. 97, 106 (1976), the United States Supreme Court held that medical malpractice does not become a constitutional violation merely because the victim is a prisoner. Thus, the inadvertent or negligent failure to provide adequate medical care "cannot be said to constitute an unnecessary and wanton infliction of pain." (Id. at 105-06.) Instead, it must be

shown that there was a "deliberate indifference" to the serious medical needs of a prisoner. (*Id.* at 104.)

In addition, an inmate does not have a right to a specific kind of medical treatment. City of Revere v. Massachusetts General Hosp., 463 U.S. 239, 246 (1983) (holding, "the injured detainee's constitutional right is to receive the needed medical treatment; how [a municipality] obtains such treatment is not a federal constitutional question") (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the plaintiff. See Waldrop v. Evans, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that "when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation"); Hamm v. DeKalb County, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received "significant" medical care while in jail, and although the plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); Westlake v. Lucas, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating "[w]here a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments."); Bismarck v. Lang, 206 WL1119189 (M.D. Fla. 2006) ("Whether a defendant should have used additional or different diagnostic techniques or forms of treatment 'is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment.") quoting Adams v. Poag, 61 F.3d 1537, 1545 (11th Cir. 1995).

In this case, there is absolutely no evidence from which a jury could find that Dr. Nichols or the SHP medical staff acted with deliberate indifference to any serious medical need of the plaintiff. On the contrary, the plaintiff's medical chart clearly demonstrates that all of his medical needs were addressed in a timely and appropriate fashion. The plaintiff's heart condition, anxiety and back pain was treated with medication prescribed by Dr. Nichols on a regular basis. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain-which was not often--he was administered medication to alleviate same. The decision to discontinue Plavix was based on Dr. Nichol's medical judgment that Plavix was no longer indicated. Therefore, this decision "is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment." Adams v. Poag, 61 F.3d 1537, 1545 (11th Cir. 1995). Moreover, the hospital records attached as Exhibits B and C to Dr. Nichols' affidavit demonstrate that the plaintiff did not suffer a heart attack in late April 2006 and he suffered no ill effects from his emergency room admission to Baptist Medical Center on May 30, 2006. There was no determination by the plaintiff's treating physician in either incident that the plaintiff suffered any injury or harm from not taking Plavix or any other medication

Dr. Nichols and Nurse Ellis have both testified that the standard of care was met in Dr. Nichols and the medical staff's treatment of the plaintiff. The plaintiff has failed to present any evidence or medical testimony rebutting this testimony and, in fact, has presented no evidence that the treatment provided him by said Defendants was somehow indifferent to his needs.

SHP Is Due To Be Dismissed, Because There is No Evidence that SHP Itself В. Directly Caused the Violation of Any Constitutional Right Through Its Adoption of Some Official Policy or Practice.

Precedent from the U.S. Court of Appeals for the Eleventh Circuit provides that when a private corporation contracts with a state to perform a function traditionally within the province of the state government, including the provision of medical services to state inmates, then that corporation should be treated as a governmental entity and as a person acting under color of state law within the meaning of 42 U.S.C. §1983. Buckner v. Toro, 116 F.3d 450, 452 (11th Cir. 1997); Edwards v. Alabama Department of Corrections, 81 F.Supp.2d 1242, 1254 (M.D. Ala. 2000). Although the private entity operating under such circumstances is not entitled to qualified immunity, certain special requirements for liability apply. Edwards, 81 F.Supp.2d at 1254-55; McDuffie v. Hopper, 982 F.Supp. 817, 825 (M.D. Ala. 1997). Thus, in order to prove that SHP should be liable in this case, the plaintiff would have to demonstrate that SHP itself directly caused the violation of his constitutional rights through SHP's adoption of some official policy or practice. See, e.g., Monell v. Department of Social Services, 436 U.S. 658, 695 (1978); Gilmere v. City of Atlanta, 774 F.2d 1495, 1502-03 (11th Cir. 1985). Plaintiff has failed to assert a specific allegation against SHP in his complaint, and a theory of respondent superior is insufficient in any event to support a §1983 claim. Therefore, even the broad assertion that SHP was generally responsible for the acts or omissions of its medical staff would be inadequate to prove liability. For this reason, SHP is entitled to a full and final summary judgment. See, Monell, 436 U.S. at 691-92; Edwards, 81 F.Supp.2d at 1255.

C. The plaintiff's claims are barred by the Prison Litigation Reform Act for his failure to exhaust administrative remedies.

The Prison Litigation Reform Act requires exhaustion of all available administrative remedies before an inmate may file a lawsuit under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a); *Booth v. Churner*, 532 U.S. 731, 733-34 (2001) (stating that 42 U.S.C. § 1997e(a) "requires a prisoner to exhaust 'such administrative remedies as are available' before suing over prison conditions."). Exhaustion is required for "all inmate suits about prison life, whether they involve general

circumstances or particular episodes, and whether they allege excessive force or some other wrong." Porter v. Nussle, 534 U.S. 516, 532 (2002).

The plaintiff has not alleged that he pursued any grievance through the State Board of Adjustment or through the jail's grievance procedure. See Brown v. Tombs, 139 F.3d 1102, 1103-04 (6th Cir. 1998) (requiring prisoners to affirmatively show that they have exhausted administrative remedies). Alabama law provides the opportunity to file a claim and proceed before the Alabama State Board of Adjustment pursuant to Ala. Code § 41-9-60 et seq.

Because the plaintiff failed to exhaust all administrative remedies, the plaintiff's claims are barred by 42 U.S.C. § 1997e(a). See Alexander v. Hawk, 159 F.3d 1321, 1326-27 (11th Cir. 1998) (affirming dismissal of present action due to failure to exhaust administrative remedies).

VII. REQUEST THAT SPECIAL REPORT BE TREATED AS MOTION FOR SUMMARY JUDGMENT.

Summary Judgment Standard

Pursuant to Rule 56 of the Federal Rules of Civil Procedure, Defendants move this Court to enter summary judgment in their favor, because, as is more particularly shown above, there is no genuine issue as to any material fact and they are entitled to judgment as a matter of law.

On a motion for summary judgment, the court should view the evidence in a light most favorable to the nonmovant, However, a plaintiff "must do more than show that there is some metaphysical doubt as to the material facts." Matsushita Elec. Indus. Co. v. Zenith Radio Corp., 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant's benefit. See Reeves v. Sanderson Plumbing Products, Inc., 530 U.S. 133 (2000). "[T]he court should give credence to the evidence favoring the nonmovant as well as that 'evidence supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses." Reeves, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, Federal Practice and Procedure § 2529, p. 299. "A reviewing court need not 'swallow plaintiff's invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited." Marsh v. Butler County, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (en banc) quoting Massachusetts School of Law v. American Bar, 142 F.3d 26, 40 (1st Cir. 1998).

В. **Motion for Summary Judgment**

Defendants respectfully request that this honorable Court treat this Special Report as a motion for summary judgment and grant unto them the same.

> Daniel F. Beasley (BEA059) Robert N. Bailey, II (BAI045) Attorneys for Defendants

bes N. Baly

OF COUNSEL:

LANIER FORD SHAVER & PAYNE P.C. 200 West Side Square, Suite 5000 Huntsville, AL 35801 (256) 535-1100

I hereby certify that I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

John Robert Faulk McDowell, Faulk & McDowell 145 West Main Street Prattville, AL 36067-3033

and I hereby certify that I have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant:

have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant on this the 26th day of July, 2006:

James G. Huffman Autauga County Jail 136 North Court Street Prattville, AL 36067

Of Counsel

ul W. Baly

Case 2:06-cv-00748-MEX-WOTT ADocument 22-2

Filed 11/27/2006

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Discharge Summary

HUFFMAN, JAMES G - E000092370

Result type:

Discharge Summary

Result date: Result status: May 25, 2004 09:15

Result title:

Unauth DS4

Performed by:

White, Lori on May 25, 2004 09:15

Encounter info:

BAPTIST EAST, Inpatient, 01/27/04 - 01/29/04

Ok many

DS4

PATIENT VERIFICATION DATA: HUFFMAN, JAMES H- 0402700752

Transferred to Baptist South care of Dr. Finklea for cardiac catheterization.

CONSULTANTS: Dr. Finklea, Montgomery Cardiovascular Associates.

HOSPITAL COURSE: The patient was admitted with chest pain. He had known cardiac disease with stent placement in the past. He was ruled out for MI. Dr. Finklea was consulted and felt that his chest pain was very suspicious for unstable angina. The patient and Dr. Finklea discussed further care and it was felt that the best course of action was a left heart catheterization. He remained stable during his hospital stay at Baptist East. On 1/29/04 he was transferred to Baptist South under the care of Montgomery Cardiovascular Associates for cardiac catheterization.

LORI WHITE M.D.

LW/ / jcw

D: 05/25/2004 T: 05/26/2004

Completed Action List:

* Perform by White, Lori on May 25, 2004 09:15

* Transcribe by Contributor system, LANIER on May 26, 2004 22:04

Printed by:

Nichols, Robert Kenneth, MD

Printed on:

10/06/06 12:51

Page 1 of 1 (End of Report) Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006

Page 2 of 35

4x P 1104

History & Physical

HUFFMAN, JAMES G - E000092370

Result type:

History & Physical

Result date:

January 28, 2004 07:45

Result status: Result title:

Unauth HP4

Performed by:

White, Lori on January 28, 2004 07:45

Encounter info:

BAPTIST EAST, Inpatient, 01/27/04 - 01/29/04

HP4

PATIENT VERIFICATION DATA: HUFFMAN, JAMES G- 0402700752

CHIEF COMPLAINT: Chest pain.

HISTORY OF PRESENT ILLNESS: The patient is a 50 year old gentleman with CAD, status post stent placement by Dr. Escobar who presented to the Emergency Room with complaints of chest pain. His chest pain started at approximately 4:15, this became very severe and radiated up into his neck and left arm. It felt like an elephant sitting on his chest. He used Nitroglycerin spray and it improved only a little. He was then on his way home in order to rest but his pain became much worse. He became nauseated, vomited, had sweats and shortness of breath. He then presented to the Emergency Room. He was given Nitroglycerin in the Emergency Room and his pain

The patient notes that over the past three weeks he has had great increase in his stress due to loss of his father. He has been having to use his Nitroglycerin 1-2 times per week due to chest pain.

PAST MEDICAL HISTORY: CAD, status post angioplasty and LAD stent placement 100% RCA occlusion with collateral. Repeat cath in 1/03 showed the stent to be open. Hyperlipidemia, peptic ulcer disease, sinus congestion and cough. Anxiety attacks, chronic back pain secondary to herniated disc, peripheral vascular disease.

PAST SURGICAL HISTORY: Back surgery.

MEDICATIONS: Plavix 75 mg q day Lipitor 20 mg q day. Nitrospray prn. Nexium 40 mg g day Percocet 10/650 b.i.d. Xanax 2 mg b.i.d. Multi-Vitamin Aspirin 81 mg per day

ALLERGIES: TETRACYCLINE, CODEINE.

FAMILY HISTORY: Unknown, the patient is adopted.

SOCIAL HISTORY: Started smoking again 6 months ago. Tobacco for last 30 years, denies alcohol use.

REVIEW OF SYSTEMS:

GENERAL: The patient has been very stressed over the past several months due to

Printed by: Nichols, Robert Kenneth, MD

Printed on: 10/06/06 12:49 Page 1 of 3 (Continued)

History & Physical

HUFFMAN, JAMES G - E000092370

prolonged illness of his father and then his death.

HEENT: Unremarkable. LUNGS: Unremarkable. CARDIOVASCULAR: See HPI.

GI: Has history of peptic ulcer, no current problems. GU: Admits to problems with intermittent impotence.

EXTREMITIES: Complains of pain in his calves with walking, this stops when he rests. He has had peripheral vascular disease evaluation in the past with Dr. Richardson.

PHYSICAL EXAMINATION:

Thin anxious white male in no distress.

VITAL SIGNS: Temperature 97.6, pulse 52, respirations 20, Blood pressure 110/68. HEENT: PERRLA, EOMI, Tympanic membranes are clear bilaterally. Mouth clear, throat clear.

NECK: Supple.

LUNGS: Clear to auscultation.

CARDIOVASCULAR: PMI within normal limits, S1-S2 normal. No MRG. Carotids 2+ and

equal, no bruit.

ABDOMEN: Soft, non-tender, no hepatosplenomegaly, no mass, no bruit.

EXTREMITIES: No edema, pulses are diminished at + bilaterally.

NEUROLOGIC: Nonfocal.

LABS: Significant for mild anemia with H&H 12.4, 36.3, with normal indices. Chemistries normal except for a CO2 of 33, and total protein mildly low at 6.3. CK 51 and 35 with negative Troponin. EKG normal sinus rhythm, no acute changes. Chest x-ray is negative.

IMPRESSION:

- 1. Chest pain, probably cardiac in origin. The patient is admitted to rule out MI and he is placed on this protocol. He will receive Nitroglycerin, aspirin, oxygen, and a cardiac consult will be done.
- 2. Peripheral vascular disease, we discussed the cessation of tobacco and the use of walking. He will be discussing this with his new Primary Care Physician, Dr. Fuentes with who he has an appointment next week.
- 3. Tobacco use, encouraged to discontinue.
- 4. Hyperlipidemia on treatment.
- 5. Chronic back pain, on treatment, he does desire pain management to be in his regimen.

I am sure Dr. Fuentes will be referring him for such.

LORI WHITE, M.D.

Printed by:

Nichols, Robert Kenneth, MD

Printed on: 10/06/06 12:49

Page 2 of 3 (Continued)



BO402900232 HUFFMAN, JAMES G DOB: 10/29/53 Age:50Y MR #: 319167 Admit Date/Time: 01/29/04 1030A 509 FLEMMING, H FORREST



Hospital of

DISCHARGE INSTRUCTIONS

(334) 280-1500

Patient's Name: Tames Huffman Referring M.D.: Fuentes
Patient's Phone #: Hospital: BMC-So
MCA Acct. #:
MCAMD: Dr. Hemming / Fin Klea
Follow Up Appointment with Dr. Intelea 164 & Weekas
Diagnosis/Reason for Admission: Appt. to be mailed
mging
CAO SIP PTENTSHIT LAD 1102
Hyperlipidenia Tobacca Ahum PUP 3/P (R) Jem-pop
Hyperlipidemia, Tobacco Abuse PVD 3/P (R) Jem-pop Procedures and Treatment: (List significant findings on procedures performed.)!
1/29/04 LCORLU
PTCA 1 Stend to LCX
Cypher
New Allergies:
Discharge Medicines:
D Plany 75mg - daily for 3 months
6 Lipitar 20 mg -daly
2 Zantar Some Stady
Xapox + Percocot as Objector
(5) Nitrostat 0.4 mg - one under tonque
- every 5 minutes as needed for chest
disconfat
(b) Happoni 8/mg - daily
1) Yahax 2ng - one twide a day,
-1.
Diet: Low fat Authenticated by
Physical Activity: H FORREST FLEMMING, MD On 2/04/04 3:21:15 PM
Discharge Instructions:
Return to work: May Drive:
PLEASE BRING THIS SHEET & THE MEDICINES WITH YOU ON YOUR RETURN VISIT TO OUR OFFICE. PRINTED PARTICIPATION OF YELLOW PRINTED PRINTED PRINTED PARTICIPATION OF YELLOW PRINTED
-07/5 '-1-120G'ON

ROOM #: 205

PATIENT #: 0402700752

ADMIT DATE: 1/27/04

BAPTIST MEDICAL CENTER EAST 400 Taylor Road P.O. Box 17720 Montgomery, Alabama 36193-4201

04025012>2

PATIENT: HUFFMAN, JAMES G

MR #: 000092370

DATE OF CONSULT: 01/28/2004

CONSULTING PHYSICIAN: JOHN L. FINKLEA, M.D.~

ATTENDING PHYSICIAN: LARRY C RIGSBY, MD

CONSULT

CONSULT AND FOLLOW PATIENT WITH ME

CONSULT AND ASSUME

PATIENT VERIFICATION DATA: HUFFMAN, JAMES G-0402700752

DATE OF CONSULTATION: 1/28/04

We appreciate the opportunity of seeing Mr. Huffman in consultation for chest pains. He has been seen by Montgomery Cardiovascular Associates in the past with a history of coronary artery disease, and stenting of his LAD in July of 2002, at that time there was a total occlusion of his right coronary with adequate collateral circulation, left ventricular performance was good and there was no high grade stenosis of the circumflex system. He then underwent repeat catheterization in January 2003 for recurrent chest discomfort and according to his report, the stent was open. Since then he has had chest tightness off and on particularly when he was >> _______<, he would go long spells without discomfort. He has rather recently lost his father and has been in both financial difficulties as well as having difficulty straightening out his father's affairs. He was under considerable stress yesterday and in fact mad at the time and developed chest tightness, discomfort and some pain. Took Nitroglycerine, it got better. Got in the car and was going home and became diaphoretic, nauseated and came on to the emergency room. Here he has had tightness a good bit of the time, very mild much of the time, but it did seem to increase some when he got up and walked down the hall today. He has actually been outside once to smoke. His cardiac enzymes have been negative and his EKG has been normal. There is a minimal anemia. Mild sinus bradycardia.

He denies orthopnea or paroxysmal noctumal dyspnea. Denies symptoms of dysrhythmia, currently. Back in January he did have syncope after getting up quickly. His exercise capacity has been reasonably good at about a little over .25 mile and stopped by claudication of his right leg. He has had vascular problems there in the past and nothing done. He denies orthopnea and paroxysmal noctumal dyspnea. He does have known COPD, bronchitis and tobacco abuse. He stopped smoking with Zyban and nicotine patches and hopes to try again.

PAST SURGICAL HISTORY

- 1. Lumbar laminectomy
- 2. Previous stenting of LAD and recath.

PAST MEDICAL HISTORY:

- 1. Hyperlipidemia
- 2. Peptic ulcer disease.
- 3. Lumbar disc disease
- 4. Peripheral vascular disease
- 5. History of asthma, bronchitis and perhaps COPD.
- 6. Chronic anxiety

DRUG ALLERGIES: CODEINE, TETRACYCLINE

FAMILY HISTORY: Unknown (adopted).

SOCIAL HISTORY: Smoker, unmarried, does have a girlfriend. No alcohol consumption. No routine exercise.

REPORT OF CONSULTATION

Page 1 of 2

PRINTED BY: b17606

DATE 10/5/2006

 PATIENT: HUFFMAN, JAMES G

PATIENT #: 000092370

0402900232

REVIEW OF SYSTEMS

HEENT: NO sinus difficulties, hear, visual difficulties.

CARDIOVASCULAR/RESPIRATORY: See present illness. No pneumonia.

GI: NO hematemesis or melena. No significant diarrhea or constipation. Does have dyspepsia for which he takes

Prevacid 40 and has had some reflux problems.

GU: No dysuria, pyuria, hematuria, stones.

ENDOCRINE: No diabetes mellitus, or thyroid difficulties.

PHYSICAL EXAMINATION: His blood pressure

NECK: His carotids have rapid upstroke without bruits. Central venous pressure is normal.

LUNGS: Clear. No significant murmur, rub or gallop. PMI is normal.

ABDOMEN: Normal, without organomegaly, tenderness, masses, abnormal pulsations, bruit. Femoral pulses are 2+.

EXTREMITIES: Popliteals 2+. 1+ foot pulses. No ankle edema.

EKG is normal. Chest x-ray I will review. EKG normal, mild sinus bradycardia.

PROBLEMS.

1. Coronary artery disease

1.1. Status post stenting of LAD in January 2003 with known chronically occluded right coronary with good collateral, good left ventricle., stenting in July 2002.

1.2. Recath January 2003 with patent stent.

1.3. Recurrent chest discomfort, very worrisome for coronary artery disease.

Hyperlipidemia.

- 3. Continued tobacco abuse.
- 4. History of asthma and possible COPD.
- 5. History of dyspepsia and reflux.
- 6. Syncope in 12/03
- 7. History of lumbar laminectomy
- 8. Peripheral vascular disease with claudication right leg.

ASSESSMENT

Current symptoms worrisome for unstable angina.

PLAN:

Cardiac catheterization, possible angioplasty. Discussed risks, procedure and rationale with him. He agrees and desires to proceed. He will be transferred over to Baptist Medical Center South.

Authenticated by H FORREST FLEMMING, MD On 3/04/04 4:02:49 PM

JLF//pap

D: 01/28/2004 T: 01/29/2004 JOHN L. FINKLEA. M.D.~

から REPORT OF CONSULTATION

Page 2 of 2

PRINTED BY: b17606

DATE 10/5/2006

 Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 7 of 35 BAPTIST HEALTH

0509 HUFFMAN, JAMES H B0402900232 B000319167

NAME OF PROCEDURE: 1. LEFT HEART CATHETERIZATION

- 2. LEFT VENTRICULOGRAPHY
- 3. RIGHT AND LEFT CORONARY ARTERIOGRAPHY
- 4. PTCA AND STENT TO CIRCUMFLEX CORONARY ARTERY

PREOPERATIVE DIAGNOSIS: UNSTABLE ANGINA

POSTOPERATIVE DIAGNOSIS: SUCCESSFUL PTCA AND STENT

I. PROCEDURE: This patient was brought to the Cardiac Catheterization Laboratory, prepped and draped in the usual fashion. 1% Lidocaine was infiltrated into the right groin area. Then, using the Seldinger technique, a 6 French sheath was placed in the right femoral artery and flushed with heparinized saline. A 5 French pigtail catheter was inserted over a guide wire, flushed in the descending aorta, and used to measure pressures in the aorta and left ventricle. This was then used to perform left ventriculography in the biplane projections. This catheter was removed over a guide wire and replaced with Judkins left and right 4 catheters, which were used to perform selective angiography in multiple levels of obliquity. A new 90% stenosis in the large first obtuse marginal branch was noted with no significant restenosis in the stented LAD and continued total occlusion of the right with good collateralization. Plans were made for PTCA of the circumflex coronary artery. A 6 French left 4 catheter was inserted over a guide wire and placed in the ostium of the left coronary artery. A 0.014 Choice wire was manipulated down the circumflex coronary artery and out the obtuse marginal branch, and a 3.5 x 8 mm Cypher stent was positioned and deployed at 13 atmospheres, yielding a final luminal diameter of 3.62 mm. The angiographic result looked excellent. After taking post PTCA views, the procedure was terminated. The sheath was sutured in place. Other apparatus was removed.

Prior to the beginning of the procedure, the patient was given weight-adjusted Heparin, and an ACT measured at greater than 200 seconds. Integrilin bolus was given and infusion begun.

II. HEMODYNAMIC DATA:

A. Aortic pressure: 120/75.

B. Left ventricular pressure: 120/8.

III. LEFT VENTRICULOGRAM: The left ventricle is normal in size with normal contractility in all segments. There is no mitral insufficiency and the aortic structures appeared normal.

IV. CORONARY ARTERIOGRAMS:

A. The left main coronary artery is normal and free of disease. It bifurcates into the LAD and circumflex coronary artery.

B. The left anterior descending coronary artery is large with mild

B. The left anterior descending coronary artery is large with mild irregularity in the proximal aspect with stenosis up to around 25%. The first diagonal branch is size B to A-B and has mild proximal disease. It is clean distally.

(CONTINUED)

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DATE 10/5/2006

Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page The left circumilex coronary artery is large but not dominant. Page 8 of 35

The remaining portion of the circumflex coronary artery is normal. The first obtuse marginal branch is size A. There is a discreet 90% stenosis in its mid portion and is clean distally. The continuation

of the circumflex has minimal disease.

- D. The right coronary artery is totally occluded after a long area of severe disease in the mid portion. The distal vessel is well collateralized by the left system
- V. POST PTCA AND STENT: Residual stenosis in the circumflex coronary artery is 0%. There is no dissection. There is TIMI grade III flow distally.

CONCLUSIONS:

- 1. NORMAL LEFT VENTRICULAR SIZE AND WALL MOTION.
- 2. THREE VESSEL CORONARY ARTERY DISEASE AS DESCRIBED ABOVE, INCLUDING NEW LESION IN THE CIRCUMFLEX.
- 3. NO RESTENOSIS OF LEFT ANTERIOR DESCENDING CORONARY ARTERY.
- 4. SUCCESSFUL PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY.

FORREST FLEMMING, M.D.

D: 01/29/2004 T: 02/11/2004

kb

Authenticated by H FORREST FLEMMING, MD On 2/17/04 1:48:51 PM

BAPTIST MEDICAL CENTER 2105 East South Boulevard Montgomery, Alabama 36111 Telephone 334/288-2100

PATIENT: HUFFMAN, JAMES H

MR #: 000319167

SURGERY DATE: 01/29/2004

SURGEON: FORREST FLEMMING, M.D.~

ATTENDING PHYSICIAN: H FORREST FLEMMING, MD

ROOM #: 319

PATIENT #: 0402900232

ADM DT #: 01/29/2004

NAME OF PROCEDURE:

1. LEFT HEART CATHETERIZATION

2. LEFT VENTRICULOGRAPHY

3. RIGHT AND LEFT CORONARY ARTERIOGRAPHY

4. PTCA AND STENT TO CIRCUMFLEX CORONARY ARTERY

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 - A. Aortic pressure: 120/75.
 - B. Left ventricular pressure: 120/8.
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IV. CORONARY ARTERIOGRAMS:

- A. The left main coronary artery is normal and free of disease. It bifurcates into the LAD and circumflex coronary artery.
- B. The left anterior descending coronary artery is large with mild irregularity in the proximal aspect with stenosis up to around 25%. The first diagonal branch is size B to A-B and has mild proximal disease. It is clean distally.
- C. The left circumflex coronary artery is large but not dominant. The remaining portion of the circumflex coronary artery is normal. The first obtuse marginal branch is size A. There is a discreet 90% stenosis in its mid portion and is clean distally. The continuation of the circumflex has minimal disease.
- D. The right coronary artery is totally occluded after a long area of severe disease in the mid portion. The distal vessel is well collateralized by the left system

CATHETERIZATION REPORT

PRINTED BY: b17606

PageDA@£2 10/5/2006

PATIENT: HUFFMAN, JAMES H

PATIENT #: 0402900232

v. POST PTCA AND STENT: Residual stenosis in the circumflex coronary artery is 0%. There is no dissection. There is TIMI grade III flow distally.

CONCLUSIONS:

- 1. NORMAL LEFT VENTRICULAR SIZE AND WALL MOTION.
- 2. THREE VESSEL CORONARY ARTERY DISEASE AS DESCRIBED ABOVE, INCLUDING NEW LESION IN THE CIRCUMFLEX.
- 3. NO RESTENOSIS OF LEFT ANTERIOR DESCENDING CORONARY ARTERY.
- 4. SUCCESSFUL PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY.

FORREST FLEMMING, M.D.~

FF//kb

D: 01/29/2004

T: 01/29/2004

cc: SHANE CUNNINGHAM, D.O.~

CATHETERIZATION REPORT

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Page 210/5/2006

Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Baptist Medical Center South Page 11 of 35

2105 E. South Blvd. Montgomery, AL 36116

Fri Jan 30, 2004 09:46 pm

Discharge Cumulative Trend Report from 01/29/04 1115 to 01/30/04 0415

Patient Name: Med Rec #:

HUFFMAN, JAMES G

000319167

All Sections-Page 1 Adm: 01/29/04

Dis Date

01/30/04

Phys-Service:

FLEMMING, H FORREST - MEDICINE

Acct #:

B0402900232

		HEMATOLOGY	Last Tech: B6064
Date: Time: New Work:	01/30 01/29 0415 1115 * *		 Normal Range
WBC RBC Hgb Hct MCV MCH MCHC Plt ct RDW DIFF Neutrophils Lymphs Monos Eos Basos	6.8 6.3 3.79 L 4.03 L 12.1 L 12.9 L 35.9 L 37.9 L 95 94 32 32 34 34 195 191 13.6 13.5 3.		4.0-10.0 (thou/cm 4.2-5.9 (mill/cu 13.0-17.5 (gm/dl) 39-51 (%) 80-100 (fl) 26-34 (pg) 31-35 (%) 150-440 (thou/cm 11.5-14.5 (%) 45-75 (%) 20-53 (%) 2-12 (%) 0-8 (%) 0-2 (%)

		COAGULATION	Last Tech: B2225
Date: Time: New Work:	01/29 1115 #		Normal Range
Pro Time PTT INR	11.7 32 _96		10.5-13.5 (sec) 21-34 (sec)

** DO NOT DISCARD ** Discharge Cumulative Trend Report

HUFFMAN, JAMES G 000319167 I/P 01/30/04 (M-10/29/53)Dr. FLEMMING, H FORREST

PRINTED BY: b17606

DATE 10/5/2006

Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 12 of 35

2105 E. South Blvd. Montgomery, AL 36116 Fri Jan 30, 2004 09:46 pm

Discharge Cumulative Trend Report from 01/29/04 1115 to 01/30/04 0415

Patient Name:

HUFFMAN, JAMES G

Chemistry Profile-Page 3

Med Rec #:

000319167

Adm: 01/29/04

Dis Date

01/30/04

Phys-Service:

FLEMMING, H FORREST - MEDICINE

Acct #:

B0402900232

	CHEMISTRY PROFILE	Last Tech: B1573
Date: Time: New Work:	01/30 01/29	 Normal Range
Calcium Glucose BUN Creatinine Sodium Potassium Chloride CO2	8.8 9.3	8.5-10.5 (mg/dl) 60-120 (mg/dl) 7-20 (mg/dl) 0.6-1.4 (mg/dl) 135-145 (mmol/L) 3.5-5.0 (mmol/L) 97-112 (mmol/L) 22-32 (mEq/L)

· End of Report

HUFFMAN, JAMES G 000319167 I/P 01/30/04 (M-10/29/53) Dr. FLEMMING, H FORREST

** DO NOT DISCARD **
Discharge Cumulative Trend Report

PRINTED BY: b17606

DATE 10/5/2006

No. 5081 P. 12/20





Baptist H I/P AND U/P **ADMISSIONS AND FACESHEET**

NAME & ADDRESS HUFFMAN, JAMES G			GI11 MP
0402900232 07/29/04 NAME & ADDRESS HUFFMAN, JAMES G	COMMEN	PA PAS TOPE SE PRESENTATION	ON ROOM BED & MED REC NO
HUFFMAN,JAMES G	1030A M 10/29/53 5		R 327/0 319167
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SELMA AL 36701			EVP 1,0,
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ACCIDENT TYPE ARRIVAL MODE ARE	FERRING FACILITY	CHURCHIDENOMINATION	
ARRIVAL MODE REF			CHR
ARRIVAL MODE REP OTHER AMBULANCE ADMITTING PHYSICIAN		PRIMARY CARE PHUSICIAN	
ARRIVAL MODE OTHER AMBULANCE ADMITTING PHYSICIAN 509 FLEMMING,H FORREST		PRIMARY CARE PHUSICIAN UNNINGHAM, SHANE	
ARRIVAL MODE REF OTHER AMBULANCE ADMITTING PHYSICIAN 509 FLEMMING, H FORREST ATTENDING PHYSICIAN		PRIMARY CARE PHUSICIAN	
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DATE 10/5/2006

Last Printed: 01/29/2004 10:59:18 08/11/03

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Case 2:06	5-cv-00748-MEF-WC Doci	ument 22-2 Filed 11/2	7/2006 Page 14 of 35
2119 East South Bouleva ^{—1}	C. McGavock, MD, FACP, FACC	vid N. George, MD, FACR	Michael F. San ID, PACC
Montgomery, AL 301 P.O. Box 250110 Montgomery, AL 36125-710 (334) 280-1500	John L. Finkl Robert P. Robertsux, MD, FACC Forest Flemming, MD, FACC	Al B. Moore, MD, FACP, FACC Wynne Crawford, MD, FACT, FACC R. Eric Crum, MD, FACC	Eliyya G. Ab. J.D., FACC Beverly A. Stoud@mire, MD, FACP, FACC
MEDICAL RECORD RE HP/Consult	QUEST:	7	spital 2/04
DC Summary			o ta
CATH/PTCA		VI No	7(*
□ OP Note		CONTENT	
☐ Stress		VASCULAR	
C Echo	ASSOCI	ATES, P.C.	
Q	·		ove 1
•		DISCHARGE INSTRUCTI	1
Patient's Name:	Ignes Huffman	Referring M.D.:	/ Tuentes
		Hospital: 3M	C-50
Patient's Phone #:			20/04
MCA Acct. #:	89229	Discharge Date:	-0/0-9
MCA M.D.:		S. C. 1	
Follow Up Appointment	With throng Phy	121516H	At
Diagnosis:	with Primary thy	Abuse	
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Diagnosis: Hyps Hospital Course/Procedu	ures: PVD		
1200pin21 00000-, 11001-		_	
EKI	G + Enzyme	3 Negative	
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New Allergies:			
Discharge Medicines:	,		1 . 1 . 1
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1 100	200		
3 Habita	2013 damag		
3) VEDINI	- Ylmp - acity		
CA NHOST	5 014 Did =	are under to	notice of
every s	5 minutes a	readed you	CLAST BUNN
(3) Lexapro	10mg-daily		
(1) Yanax	and Percocut c	is directed	
17 Dorium	40mg - day		· .
1-UA-JULI			
Diet: Law Fo	-		Authoriticated by
Special Instructions:	•		Authenticated by JOSE L. ESCOBAR, MD
Return to work:			On 2/26/04 11:41:20 AM
May Drive:	2120/04		;
•	THIS SHEET & THE MEDICINES I	WITH YOU ON YOUR RETUR	N VISIT TO OUR OFFICE
	•		
WHITE COPY: Patient	PRINTED YEAR'S DITENCOPY: R	eferring MAPE 16950 GOPT Hospit	al (Please put in front of progress notes) JAC22
			jncer
07/9L d180	0 C '0 N		M104:2 _0002 .c .130

HIST FIRS 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 15 of 35 BAPTIST HEALTH 2255 HUFFMAN, JAMES H B0405000003

PROBLEM LIST:

B000319167

- 1. CHEST PAIN NEGATIVE CARDIAC ENZYMES AND EKG DURING POLICE ARREST
- 2. CORONARY ARTERY DISEASE, STATUS POST PTCA AND STENT OF LAD IN 2002, PTCA AND STENT OF CIRCUMFLEX CORONARY ARTERY IN 1/4 BY DR. FLEMMING, CHRONIC TOTAL OCCLUSION OF RCA WITH NORMAL LEFT VENTRICULAR FUNCTION.
- 3. DYSLIPIDEMIA.
- 4. SMOKER, CHRONIC OBSTRUCTIVE PULMONARY DISEASE.
- 5. PERIPHERAL VASCULAR DISEASE.
- 6. NONCOMPLIANCE WITH MEDICAL MANAGEMENT.

HISTORY: This is a 50 year old white male who, last night at approximately 8 p.m., while being arrested by the police due to what he states was an attempt to pay for his food at the deli shop with a check, was apparently arrested and, after that, developed some sternal chest discomfort with radiation to the left arm, and brought to the Emergency Room for further treatment. Negative cardiac enzymes and echocardiogram on admission to the Emergency Room, and pain relieved by Nitroglycerin. Presently pain-free.

PAST MEDICAL HISTORY:

- 1. Coronary artery disease, status post remote PTCA and stent of LAD and PTCA and stent of circumflex coronary artery in 1/2004 with chronic totally occluded RCA and preserved left ventricular function.
- Dyslipidemia.
- 3. Peptic ulcer disease.
- 4. Lumbar disk disease.
- 5. Peripheral vascular disease.
- 6. Chronic obstructive pulmonary disease asthma.
- 7. History of chronic anxiety.

PAST SURGICAL HISTORY: Laminectomy, PTCA and stenting.

ALLERGIES: CODEINE, TETRACYCLINE.

FAMILY HISTORY: Unknown.

SOCIAL HISTORY: Smoking, denies alcohol abuse, denies illicit drug abuse, although did not answer that frankly.

REVIEW OF SYSTEMS: Negative, otherwise.

PHYSICAL EXAMINATION: Blood pressure 105/57, heart rate 53 per minute, respiratory rate 18, temperature 97, saturation 100.

HEAD: Normocephalic, atraumatic.

NECK: No JVD or bruit.

CHEST: Clear to auscultation.

(CONTINUED)

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HEART: Regular rate and rhythm, S1, S2 without murmurs, rubs, gallops.

ABDOMEN: Benign.

EXTREMITIES: No clubbing, cyanosis, edema. Symmetrically +2 palpable pulses.

EKG: Sinus bradycardia; otherwise, negative.

CARDIAC ENZYMES: Troponin less than 0.04.

LABORATORY DATA: Pending.

PLAN: Admission to the floor, resume home medications as well as low molecular weight heparin, cardiac enzymes and cardiac catheterization by Dr. Flemming during the daytime. Will obtain drug screen, since the patient had slurred speech and was reluctant in answering if has been exposed to any illicit drugs. He consented for drug screen.

JOSE ESCOBAR, M.D.

JE/ / kb

D: 02/19/2004 T: 02/19/2004

D: 02/19/2004 T: 02/19/2004

kb

Authenticated by JOSE L. ESCOBAR, MD On 2/26/04 11:41:11 AM

PRINTED BY: b17606

DATE 10/5/2006

MONTGOMERY, ALABAMA 36111 RADIOLOGY REPORT

Patient Name: HUFFMAN, JAMES G

MR #: B000319167

Account #: 0405000003

Attending Physician: ESCOBAR, JOSE L

Date Performed: 02/19/04 0109

Patient's Room: CV-211-2

Patient Type:I/P

Exam

1010 DR-CHEST PA OR AP ONE VIEW Ord Diag: ; CHEST PAIN Check-in No. 1692442

HUFFMAN, JAMES

CHEST ONE VIEW:

Comparison 2/10/04. History of chest pain. No interval change.

Both lungs appear to be well expanded without an identifiable abnormality. Heart and cardiomediastinal structures are unremarkable. I do not identify an abnormality of the bony thorax. The pleural space and diaphragmatic shadows are unremarkable. Air spaces appear normal.

IMPRESSION:

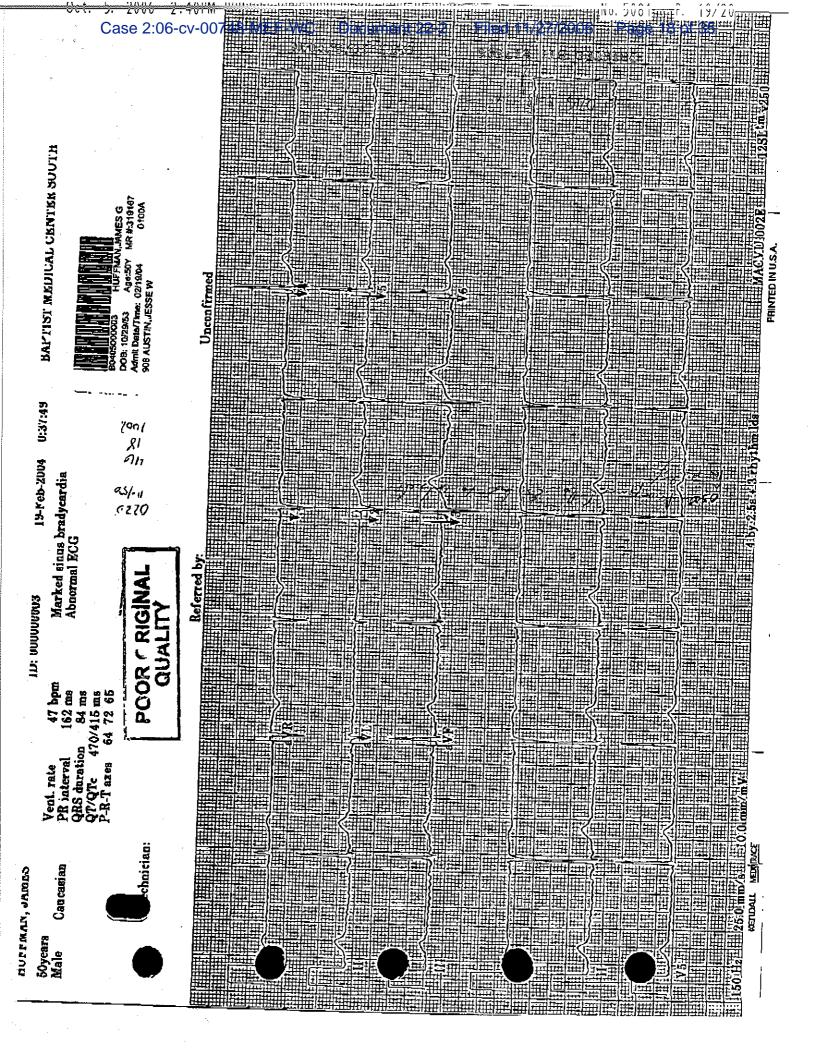
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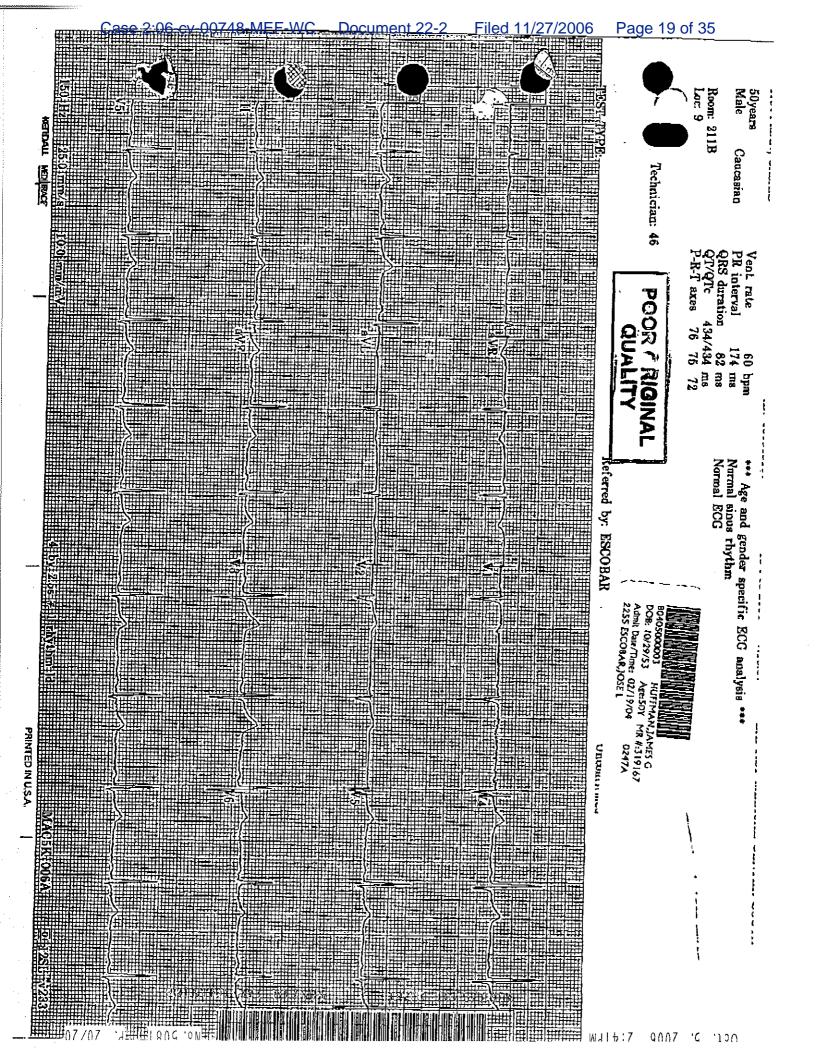
/READ BY/ THOMAS S MOORE, M.D. /Electronically Signed By/ THOMAS S MOORE, M.D.

BS

PRINTED BY: b17606

DATE 10/5/2006





Case 2:06-cv-00748-MEF-WC: Document 22-2 Filed 1/27/2006/Page 20 of 35
HIBIT B

EXHIBIT B

SHELBY BAPTIST MEDICAL CENTER ALABASTER, ALABAMA

DISCHARGE SUMMARY

NAME:

HUTFMAN, JAMES

DOB:

10/29/1953

AGE/SEX -

52 /M

MR #:

224062

ADMISSION#:

57129694 **ROOM: 244**

PT CLASS: R CLINIC CODE:

2E

DISCHARGED:

04/27/2006

FAMILY MD:

ADMITTED:

04/23/2006 02:27

ATT MD:

DIAGNOSES ON DISCHARGE:

1. Peripheral vascular disease with claudication.

2. Noncardiac chest pain.

3. Ongoing tobacco abuse.

HISTORY OF PRESENT ILLNESS: Patient is a 52-year-old white male presents with complaint of chest pain. Gives a textbook description, "elephant sitting on chest," jaw pain, left arm pain with associated nausea, diaphoresis, dyspnea. Patient, however, does not remember exertional pain but reports stress related. Patient has been incarecrated for forgery, which he denies. History of a stent at Baptist Montgomery, he cannot remember if 2004 or 2005.

RISK FACTORS FOR HEART DISEASE: Positive tobacco abuse, positive family history, positive hypertension. Negative diabetes mellitus. Positive hyperlipidemia,

MEDS ON ADMISSION: Plavix, Zocor, Xanax, Percocet, and Monopril.

ALLERGIES: CODEINE.

REVIEW OF SYSTEMS: HEENT: No headache. CARDIOVASCULAR: See history of present illness.

PULMONARY: No cough, dyspnea, GI: No nausea, vomiting, diarrhea, melena, hematochezia,

hematemesis. GU: No dysuria, frequency, or urgency. NEUROLOGIC: No seizure or syncopal disorder.

VASCULAR: Positive for claudication of the right leg.

PHYSICAL EXAMINATION:

GENERAL: Reveals a well-developed, well-nourished, white male in no acute distress. HEENT: Normocephalic/atraumatic. Eyes: Extraocular movements are intact. Pupils equal, round, and reactive to light. Mouth: Tongue protrudes in the midline. NECK: Supple without bruits, lymphadenopathy, or thyromegaly. HEART: Regular rate and rhythm without murmurs, gallops, or clicks. LUNGS: Clear without rales, rhonchi, or wheezes. ABDOMEN: Soft, nontender. Bowel sounds are positive. No hepatosplenomegaly. NEUROLOGIC: No focal motor or sensory deficits. EXTREMITIES: Decreased pulses on the right leg.

HOSPITAL COURSE: Patient was admitted. Cardiology was consulted. Records were obtained from

Name: HUFFMAN, JAMES DISCHARGE SUMMARY

Page I of 2

Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Page 21 of 35

SHELBY BAPTIST MEDICAL CENTER ALABASTER, ALABAMA

DISCHARGE SUMMARY

Montgomery. After review, cardiologist recommended repeat cath. Cath was performed. It showed no change from previous cath done at Montgomery. Recommended medical therapy only. Patient was discharged to home. Will follow up with cardiologist regarding his coronary artery disease.

N

MICHAEL J TURNER, MD

TR: MT/SR D: 07/06/2006 07:41:00 T: 07/06/2006 09:25:43 JOB: 7108897 /1353668

Name: HUFFMAN, JAMES DISCHARGE SUMMARY

Page 2 of 2



Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C



Baptist Nursing Chart Long Form

Form ER 16002 Rev. 01/27/06

Arrival Time: _

<u> </u>				amily Docto	or:	Triage Time:			
Date:	Source: & Patient (Other: B	irthdate	:	Age:	O Pediatric (>29 days - 12 years)			
Sex: 49-M OF LMF	: Weight	kg (Actual)	Height	5'116m	munizatio	n status: Last Tetanus:			
Allergies: O N	KA O Latex				Alle	ergy Reaction:			
CHIEF COMPLA	INT/Reason for	Visit:		21	10				
O Return visit Sam	e Day		1	Light	Price	c - 6 Pm			
O Return visit withi	n 72 hours				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	~			
O Workers Comp						·			
				OF ACCES					
Arrival Mode:	Entered by:	Patient Admitted	from:	Treatment	Prior to A				
Automobile/Other	1 .	Home	,	O None	nesco_	O2 Therapy O IV			
O Ambulance / Air	O Wheelchair O Stretcher	O Physician Office	•	O Ice	Ja	O Airway O Medications			
O Law enforcement	O Carried	O Nursing Home O Hospital	1	O Dressing O Splint(s)		O Intubation O CPR O Monitor O Glucose			
O Auto Assist	O Other	O Other		O C-collar/					
VITAL SIGNS TAKE	N: O SITTING O LY			ostatic Vital		PAIN SCALE			
Time Temp Route	Pulse Resp B/P	Pulse Time	>+0	2	爻	Numeric Scale 0=No Pain 10=Worst Pain Imaginable			
2071	ruise Resp B/F				- ^-	Pain Intensity Rate: 9. @ rest:			
1941) 91-50)	67 18 150	999 Pulse		-		O Face Scale: (Faces Scale/Wong & Baker) / FLACC			
Level of consciousn	ess: TA&O x3 (D disoriented to: pe	rson / o	lace / time /	situation				
	decreased LOC (.000 / 11/10 /	Situation	(B)			
Skin: 🏉 Warm & Dr	y O Hot O Cool (Cold O Clammy	O Dia	aphoretic O	Pale	G 2 4 6 8 10 MO HURT HARTS HARTS HARTS HARTS HARTS LITTLE NOT LITTLE MORE PLYTH MODEL OF WHOMIST			
Safe in home: 🏉 Y	es O No Interven	tion:				Onset of pain: Today			
ADVANCE DIRECTIV	ES O DNR O L	VING WILL & NO	NE O	Information	Given	Location of pain: Check			
Past Medical History		Unable to Asses							
Exposure to: O HIV	O Aids O SARS	O STD Symptom	ns:			Quality:			
Vaccinations: O Pno						Trauma Assessment O Yes O No			
Tobacco Pack/day	Alcohol drinks/day	Substance Abuse		O Cessation	Advised	O Assault O MVC Speed O Stab Impact: Rear / Front / T-Bone			
Neuro: CVA TIA		GYN: F							
EENT: Cataract Gla				Arthritis E	Back pain	O GSW O Driver O Passenger			
Cardiac: Mi CHF (Diabetes		O Fire O Front O Rear			
Pulmonary: Asthma GI: Ulcers GI.Bleed	Bronchins COPD P			epression At		O Fall O Airbag O Restrained			
	one Prostate Dialysis	•		inson's Bi-p		O Motorcycle O Bicycle			
				Prior Psych		Helmet O Yes O No			
		Hosti	e on adr	nission		O Other			
CURRENT MEDICA			Patie	nt O Far	nily O	Other			
O None	O See Medication I	ist (attached)	1/1	Bu_	·	Nurse 1			
O Narcotics	Drug: //AUX ZOW	xanx lua	C COMMON	t		Nurse 2			
TRIAGE INTERVENTION	s): O Ice/Elevation	O Dressing/Splint	O Gluc		O EKG	O C-Collar O Respiratory Precautions			
Triage Category:	Triage disposi	ion time TO	O ER	3ed	O FT Bed	Triage Nuise Signature: ID#			
0 Ø 0 0	<u> </u>	loom O Hallway I				1) Julium 13656.			
	PRINCED BY:	b13736	DA'	E 10/9,	/2006	Porm 5D 16002 Day 04/07/02			

			Nursing Chart Long Form Page 2
Airway and C-spine	O Clear O Obstructed	J. O. British M. C.	
WNL	O Intubated size cm @ lip		
O Abnormal	O C-spine secured by ED staff		/// II/ II/ II/ II/ II/ II/ II/ II/ II/
Breath Sounds	Rales Rhonchi Wheezes Diminis	F0615000782 HUFF1 hed Absent DOB: 10/29/53 Age:5	MAN, JAMES G
WNL / Clear	R O O O O	O Admit Date/Time: 05/30	21 MK#:1918]7
O Abnormal	l	917 SULLIVAN, JOEL C	1727
	L' O O O O	0	
Respiratory	O Labored O Apneic	O Expiratory Grunting	O Home Oxygen U/min
	O Rapid O Retractions	O Cough - Productive	
	O Shallow O Stridor	O Cough - Non-productive	۱
	O Nasal Flaring O Tracheal devia		T
Cardiovascular O WNL		est Pain/Tightness O Irregular	Notes: Monitor Rhythm
O Abnormal	O Diaphoresis O Diz		
	O Arrhythmia O Ede		See Strips O ICD
Neurological WNL	l .	nbative O Lethargic	Notes:
O Not Assessed	O Headache O Syn O Disoriented O Sei	•	O Seizure precautions
O Playful	O Speech difficulty / slurred O Cor		O Neuro vital signs (see NN)
O Interactive with	•	ponds to Pain only O Follows	O Glasgow Coma Scale
environment	•	ves all extremities commands	O CVA Protocol (NIH Stroke Scale)
GI	V/D O Cramping O Cor	nstipation O Rigid Abd	O Nutritional risk Yes No
O WNL	vomiting x O Pain O Dist	- ·	O Dentures Upper Lower
O Not Assessed	O BS + - O Bleeding O Wei	ight Loss / Gain O Last BM	O Meal Given
GU / GYN	— ·* ,	Freq/urgency O Amenorrhea	Notes:
& WNL	·*	Incontinent O Dysmenorrhea	O Ostomy
O Not Assessed		Flank pain L R O Vaginal Bleeding	O Foley size
. O Mor Acadosca		Blood at Meatus O Discharge	Urine description:
	- 		
Musculo-skeletal WNL	O Pain O Unable to Asses	_ '	Notes: R L Handed
O Not Assessed	O Swelling O Unsteady gait	O Weakness	Gait Device: Cane Walker Crutches W/C Prosthesis
	O Deformity O Assist Device	O History of falls	Crutches W/C Prosthesis
Integumentary	!	Pale O Cyanotic O Jaundice	Notes:
Intact		Fistula: Location	O Exposure to Chemicals
O Not Assessed	O Abrasions O Lesions O	Bruit + - O Thrill + -	O Burns
EENT:	O Eye R L Both Pupil size Rn	nm L mm Hearing Aid: R L B	O Visual Acuity
O Not Assessed	O Ear R L Both O Drainage	O Itching O Pain	R 20/ L 20/ B 20/
O Not Assessed	O Nose O Throat O Dental	O Congestion O Redness	Glasses Contacts
Psychiatric:	O Memory changes O Delusions	O Calm O Suicidal ideations	Notes:
Ø WNL	O Depression O Insomnia	O Hostile O Homicidal ideations	O Environment secured
O Not Assessed	O Anxiety O Hallucinations	O Agitated <i>Plan? Yes No</i>	O Restraints Present
Suspected: #Non	Communication Deficit:	Barriers to learning: None	Support System:
O Child/Elder Abuse	No deficit	O Physical limits	O Lives Alone
O Sexual Assault	O Language barrier	O Emotional	Family/Significant Other
O Domestic Violence	O Hearing Impaired	_	O Minor w / Parent
O Victim of Violent Ci		O Cultural	O Minor w/o Parent
Referrals/Reporting:	, O Oses Sign Language	O Religious/Spiritual	O Nursing Home ;
O Social Service	O Visually Impaired	O Suspected low literacy skills	O Assisted Living Home
O Behavioral Health	O Altered Mental Status	O Developmental disability	O Other
O Police / Security	O Translator	Safety measures addressed	Marital Status: S M W D
O CPS/APS/DHHF	Dominant Language;	O Side rails Up 2 ID Bracelet On	mantarotatus, o W yv D
O Animal Bite	!	O Risk of falls O Falls Bracelet	
O Paison Control	Developmental Milestones	Nurse Signature (Nurse completing assess	sment) ID# Time
O SART/SANE	RINTED Agrieved 139 Delayed	DATE 1918/2006m	13656 (941)

Case 2:06-cv-00748-MEF-WC

Document 22-2

Filed 11/27/2006



DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C



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Case 2:06-cv-00748-MEF-WC Document 22-2 Filed 11/27/2006 Nursing Chart Long Form Page 4 PROCEDURES / TREATMENT CARE O Eye Exam - NO FB found O Nasal Cautery O FB Eye Exam/Slit lamp O Nasal packing-anterior DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P O FB Eye Exam/No Slit lamp O Nasal packing-posterior 917 SULLIVAN, JOEL C O Eye irrigation R L Both O Nasal packing-balloon Amount O Ear irrigation (ear wax) R L O Procedure "Time Out" by: CARDIOLOGY GI/GU RADIOLOGY SPECIAL PROCEDURES Cardiac monitor O Straight/quick cath for UA X-Ray preparation O Isolation (Medical) EKG - by ED staff O Foley catheter Size CT US MRI IVP O Lumbar puncture Repeat EKG by ED staff O Bladder irrigation IV contrast O Oral contrast O Epidural blood patch Pulse Ox-continuous O Foley removed O Monitor in radiology / CT O Procedural sedation IV/IM Central line O < 5yr O ≥ 5yr O Rectal exam O Anoscopy LAB O Paracentesis / Dx lavage External pacer O Rectal disimpaction Venipuncture (ED Staff) O Hypothermia care Temporary internal pacer O Enema 2 Lab Test (any) O Repeat x O Hyperthermia care Cardioversion (electric) O NG w/ suction Specimen collection(not blood) **BEHAVIORAL MANAGEMENT** Pericardiocentesis O NG w/ Lavage O Point of care test O Psychiatric evaluation Declot vascular device G-tube replace O Reposition O Urine Dip O Rapid Strep O Restraints PICC line O < 5yr O ≥ 5yr O Pelvic Exam O Central line blood draw O Seclusion or 1:1 ob's Arterial Blood Gas O Sexual Assault Exam O Hemocult O Involuntary commitment Blood / Needle exposure Genital cultures O Incontinence Care O Psychiatric code called **PULMONARY** O Airway: OralNasal O Oxygen Mask Cannula _ __ Liters/min O End-tidal CO2 + O CPR O Intubation Tube: O Cricothyroidotomy O Thoracentesis (Needle) O CODE Time: O PTA O ED O Anesthesia Tracheostomy O" Chest tube insertion Medical Pediatric Trauma O Rapid sequence induction Trach Care Tube size: R/L O Bilateral O Code Sheet Completed Ventilation assist Bi-Pap C-Pap Suction Oral/Nasal/Trach O Nebulizer(s) X Trauma team O 1 O 2 O 3 DISPOSITION / OUTCOME PATIENT PROPERTY: O Sent home O Secured / hospital safe O Patient retains/accepts responsibility O Sent with patient O Dentures O Glasses O Hearing device O Clothing O Cane O Crutches O Walker O Valuables O Other: Discharged Time 2701 Admitted Time Room Transferred Time: ____ O Expired O Regular Room O Nursing Home O Hospital O Coroner called O Telemetry O ICU/CCU O Psychiatric O Released to Funeral Home O AMA signed unsigned O Surgery O Cath Lab O Organ donation addressed O LBMSE O Extended Stay (>4 hours) O Psychiatric O Observation Notes: **TEACHING / DISCHARGE CARE CORE MEASURES:** O AMI O Pneumonia O Heart Failure O Stroke Smoking cessation advised O <3 min O ≥3 min Instruction(s) given to: Discharge Mode: Accompanied by: Discharge Instruction sheet provided Patient Ambulatory O Carried O Self /Parent Verbal understanding of discharge / RX O Parent / Family O Ambulance O Crutches O Spouse O Friend Meds dispensed by physician _ O Friend O Wheelchair O Stretcher Ø Police O Family O Extended patient education O Other O Other O Work/School Excuse (see copy) O Workers Comp Papers Initiated (see copy) O ED Boarder Time: TRIAGE OUT VITAL SIGNS Triage Out Note: DIC inst, RX reviewed Pulse Pain E pt , Sheriffs Dupt , Stars Temp | Pulse B/P Resp OX FHT Scale

134/77 12 Condition: @ improved unchanged Admit Report called to: Time:

PRINTED

F061 5000782 HUFFMAN, JA DOB: 10/29/53 Age: 52Y MF Admit Date/Time: 05/30/06 1 917 SULLIVAN, JOEL C	R#:191817
DATE: \$ 30 TIME	ROOM: 3 EMS Arrival
HISTORIAN: patient spo	
HX /EXAM UNOBTAINA	
HPI	
7	A / 1:
chief complaint: chest	pain / discomfort
started: 6 pm	
Bent our	· who Stond
and hel	aut por .
time course.	cpnstant'\ "waxing & waning"
present better	intermittent episodes lasting
gone now	
lasted	worse / persistent since
resolved on arrival in ED	
guality:	location of pain:
pressure	.
tightness	No. 1
burning dull aching sharp stabbing "pain" "numbness" "like prior MI"	
radiation: none diagramm	ned above
associated symptoms:	
nausea Vomiting	shortness of breath
	ved by: nitroglycerin 2 3
change in position sitting	· · · · · · · · · · · · · · · · · · ·
deep breaths turning rest exertion antac	given by paramedics ids relief- none / partial /
nothing nothing	ng complete / transient
	Oxygen NRBL
onset during; seve	
	num: (1-10) moderațe severe
, moder neary exercion	seen in ED: (1-10)
cannot recall gone	almost gone mild moderate severe
Randi Nez residu	ral discomfort in arm (R/L)

Similar symptoms previously

Recently seen / treated by doctor

© 1990	5 - 2004 T-System. Inc. Circle or check affirmatives, backslash (\) negative.
33	Baptist Health
	EMERGENCY PHYSICIAN RECORD
	Chest Pain (5)

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1 of 1 1 of 2

AST HX negative * = MI	risk factors				
high blood pressure	emphysema				
diabetes insulin / oral / diet	collapsed lung				
high cholesterol	stroke				
ficant disease	peptic ulcer				
heart attack (MI)					
medical (home (CAD)	documented! yes no				
angina / heart failure /(AD)	gall stones thyroid disease				
DVT / PE / risk factors					
GERD.					
cher problems					
refer problems					
urgeries / Procedures none	non-contributory				
ardiac bypass	tonsillectomy				
ardiac cath)	cholecystectomy				
ngioplasty.) 2004	appendectomy				
rombolytics	hysterectomy				
acemaker	defibrillator				
NSAID acetaminophen BCP's					
Medications none see nurses NSAID acetaminophen BCP's ASA time of last dose	see nurses note				
NSAID acetaminophen BCP's	see nurses note				
SOCIAL HX recent FTOH FAMILY HX DM HTM Cosudden death stroke diabete	see nurses note TCN *smoker drug abuse D (less than 55yo / greater than 55yo)				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX RESERTETOH FAMILY'HX DM HTM CO	see nurses note TCN *smoker drug abuse D (less than 55yo / greater than 55yo) s				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent FTOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB	see nurses note TCN *smoker drug abuse D (less than 55yo / greater than 55yo) s				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent ETOH FAMILY'HX DM HTM Co sudden death stroke diabete ROS _HX / _EXAM UNOBTAINAB CHEST / CONST	see nurses note				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent ETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST	see nurses note TC New York of the see of t				
SOCIAL HX RESERTETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS _HX / _EXAM UNOBTAINAB CHEST / CONST	see nurses note				
SOCIAL HX RECOLETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS _HX / EXAM UNOBTAINAB CHEST / CONST Ever chills cough	see nurses note TC *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts KYES / ENT				
SOCIAL HX recent FTOH FAMILY HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST fever	see nurses note TC *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts KYES / ENT blurged vision				
SOCIAL HX recent ETOH FAMILY HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST lever chils cough sputum and e swelling	see nurses note TC *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blured vision sore throat				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent FTOH FAMILY HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST lever child sputum and e swelling	see nurses note TCA *sinoter drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blurced vision sore throat GI AGU				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent FTOH FAMILY HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST Vever chills cough sputum	see nurses note TC *sinoter drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blunced vision sore throat GI AGU abdominal pain				
NSAID acetaminophen BCP's ASA time of last dose SOCIAL HX recent FTOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST Vever Child Sputum and e swelling	see nurses note TC *sinoter drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blunced vision sore throat GI AGU abdominal pain				
SOCIAL HX recent ETOH SOCIAL HX recent ETOH SUDDEN SUDDE	see nurses note TC *sinoter drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blunced vision sore throat GI AGU abdominal pain black / bloody stools				
SOCIAL HX recent ETOH SOCIAL HX recent ETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST Vever chills cough sputum and swelling calf / leg pain FEMALE REPRODUCTIVE	see nurses note TC *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blured vision sore throat GI AGU abdominal pain black / bloody stools problems urinating				
SOCIAL HX recent ETOH SOCIAL HX recent ETOH SUDDENING TO THE SUDDENING SUD	see nurses note TC *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blured vision sore throat GI AGU abdominal pain black / bloody stools problems urinating SKIN / LYMPH / MS				
SOCIAL HX recent ETOH SOCIAL HX recent ETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST Vever chills cough sputum and swelling calf / leg pain FEMALE REPRODUCTIVE	see nurses note TCA *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blured vision sore throat GI AGU abdominal pain black / bloody stools problems urinating SKIN / LYMPH / MS skin rash / swelling				
SOCIAL HX recent ETOH SOCIAL HX recent ETOH FAMILY'HX DM HTM CA sudden death stroke diabete ROS HX / EXAM UNOBTAINAB CHEST / CONST Vever chills cough sputum and swelling calf / leg pain FEMALE REPRODUCTIVE LNMP	see nurses note TCA *smoker drug abuse D (less than 55yo / greater than 55yo) LE 2° TO: NEURO headache blackouts EYES / ENT blured vision sore throat GI AGU abdominal pain black / bloody stools problems urinating SKIN / LYMPH / MS				

RN/PA/NP

10/考疗股份 6RN / PA / NP sign after recording history; physician initial after reviewing with patient and confirming or revising all elements.

The second second				-	
Nursing Assessment Revi	ewed	LABS, EKG	& YPAVS.		
PHYSICAL EXAM		CBC)			
General Appearance	 V		Chemistries	Ca	
No acute discress	mild / moderate / severe distress	normal except	noment except	Bilirubin	
_alert	anxious / lethargic	, M-F	Creat		
EYES-	scleral icterus / pale conjunctivae		Gluc		
iml inspection	sciera receitus / pare conjunccivae	Hct Placelecs			
ENT	purulant nacal drainage				
_ENT riml inspection	purulent nasal drainage pharyngeal erythema	segs	AST	CK	
pharynx nml	priaryrigearerytherria				
NECK	mbaring and the	lymphs			:
inspection	thyromegaly _lymphadenopathy (R / L)	monos	. K Cl	PT	
Zimin mispeccion		eos	CO2	PTT	
RESPIRATORY	see diagram			INR	
nø respi distress	respiratory distress	CXR	p. by me Reviewe	d by me LDiscs	d w/ radiologist
chest non-tender	manifests distinct pain on movement	(nml / NAD _	_no infiltratesnn	ni heart sizenn	nl mediastinum
nml breath sounds	of (R/L) arm of trunk				·
	splinting / decr air mymnt	not / changed fro	om:	_	
	rales	Pulse Ox	% on <i>RA</i> /_	L/%	at (time)
	rhonchi	normal	_abnormal		
	wheezing				
CVS_		treatment			
regular rate, rhythm	irregularly irregular rhythm	Medications Give			
10 murmur	extrasystoles (occasional / frequent)	ASA ACE inhibi	tor Beta Blocker	s Thrombolyti	ics Nitrates
-no gallop	tachycardia / bradycardia				
pe friction rub	PMI displaced laterally	Discharge Med	ications:		
normal pulses	VD present				***************************************
•	murmur grade /6 sys / dias	PROGRESS	•		
	cresc / cresc-decresc / decresc	Re-evaluation time	2131 unchange	improved (re-examined
	gallop (\$3 / \$4)	Re-evaluation time	220 unchange	ed (improved	re-examined (1)
•	friction rub	Re-evaluation time			re-examined [
	decreased pulse(s)				
	R carotd fem dors ped	5-25 CP	-acet on	AT Bend	Chair
	L carotd fem dors ped	<u> </u>		ρ_ρ	> <u>></u> >
T = jendemess	الما الأحداث	7741 - 1/2	1 - 1145		
G = guarding		7 C-V - KE	777 · ~~~~~		
R = rebound					
m = mild		TREATMENT:	• angina protocol_ protocol	VEF- MILI	NVA
mod = moderate		 unstable angina i 	protocol		
nt = severe		• acute MI protoc	ol or acute coronar	v syndrome prot	ocol
(e.g., Tw = severe		MEDICAL DECI	SION:	, -, .	
tenderness)		Dy sives	G.O.T		
CACTOONTECTIVAL	Will 1 120 divi 1 1 lilly				
GASTROINTESTINAL	tenderness	* "			
hon-tender	guarding	_Follow up with			
no organomegaly	_rebound	Relinquished care t	n Dr. 1		_Time:
	_abnml bowel sounds	Discussed with		CDIT C	ARE- 30-74 min
	_hepatomegaly / splenomegaly / mass		n: office/ED/hospi	al 75-104	
RECTAL	black / bloody / heme pos. stool		en Janily regardin		cords ordered
non-tender	tenderness		eposis reed for follow		nal history from:
heme neg stool		Admit orders v		· —	taker paramedics
SKIN	_cystosis / disphoresis / pallor	-, ,-==			bei alliente
color nml, no rash	skin rash		<u>.IMPRESS</u>	<u>IUN</u> :	
warm, dry		Chest Pain - ocute	precordial Acute	<u>MI</u>	<u> </u>
EXTREMITIES	pedal edema	Chest Wall Pain - d	cute Unstal	ele Angina	
_non-tender	calf tenderness	Dyspnea - ocute		rditis - acute	
normal ROM	clubbing	Costochondritis - c		Aortic Dissection	ı
pe pedal edema		Myofascial Strain -	ocute Palmo	nary Embolism	
no call tenderness		Viral Syndrome - a		Pulmonary Edema	/ CHF
NEURO / PSYCH	disoriented to: person / place / time	Bronchitis - acute		Fibrillation - rapi	
oriented x3	depressed affect	Viral Pleuritis (Pleu	* *	olled uncontrolled	new-onset chronic
mood / affect nml	facial droop / EOM palsy / anisocoria	Abnormal EKG	Pneum		
Ns nml as tested	weakness / sensory loss _	GERD	Pnèur	othorax	
no motor / snsry deficit					
EKG MONITOR STRIP	NSR Rate	DISPOSITION-	home admitte	- Chrapsferred	·
normalabnorn		· _	unchanged imp	`	
	b. by me. Reviewed by me Rate	1		T	
	nml axis nml ST/T	; !	•	\searrow \Box	
_NSR _nml intervals	mmi QKSnmi \$1/1	×	MD / DO	,71	MD/D0
noe / charled G		Resident		Attending	
not / changed from:	11 loral	,	nt interviewed, Medica		
Repeat ERG unchange		Dissiciun,	_	17	, ини слатиней бу
Chest Pain - 33	PRINTED BY: 13736	DATE 10/9	9/200	1/	



DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C



Baptist ER PRESCRIPTION & DISCHARGE INSTRUCTIONS

وم البار والله المال المال الإلا المال	1		HEALTH
		_	TTD: TT TE

Page 2 of 3 DISCHARGE INSTRUCTIONS - PATIENT COPY Allergies cline tracu SOUTH **MEDICINES PRESCRIBED VOID IF NOT PRINTED WITH CRANBERRY BACKGROUND.** If non, check this box: Name/Strength: Number Schedule / Duration No Refilis Refills 1. 2 3. 5. INSTRUCTIONS SHEET(S) GIVEN Return for signs of infection Head Injury ☐ Threatened Ab Increased Redness Asthma □ Crutches ☐ Otitis Media □ Vomiting / Diarrhea Increased Swelling □ Back Pain □ Fever ☐ Sprains / Bruises ☐ Wound Care Increased Drainage ☐ Fracture Cast/ Splint Care ☐ Other(s) Increased Heat Additional Instructions: Referred to: □ Return to Emergency Dept in _____ _hours / days for recheck. □ Dr. ☑ If no improvement or your condition worsens, call your private Phone: Call on next business day for follow-up appointment physician or return to the Emergency Department for a recheck. _days / weeks Learning needs assessed Instructions Modified □ Next available DEducation provided on new Medication I understand that the treatment I have received was rendered on an emergency basis and is not meant to replace complete care from a primary care provider or clinic. Furthermore, I many have been released before all of my medical problems were apparent, diagnosed, and/or treated. If my condition worsens, I have been instructed to call my primary care provider or return to this facility or the nearest emergency center. I understand that I should NOT drive or perform hazardous tasks if my medication or treatment causes drowsiness. I have read and understand the above, received a copy of this form and applicable instruction sheets, and I will arrange for follow-up care. If diagnostic tests indicate anged for modification in therapy, you will be notified at the phone number you provided. Patient Pelative Time Released: PHYSICIAN: WORK/SCHOOL STATEMENT from the Emergency Department PATIENT DATE ☐ Patient was seen by Dr. ☐ May return to restricted duties for No athletics / physical education: Restrictions: May return to work/school without restrictions Will require time off work / school. Estimated time: ____days* \Box __was here with relative/child. Must be reevaluated by family / occupational physician before Other. returning to school / work.

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HUFFMAN, JAMES G DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C





AERAS PHYSICIAN ORDER SHEET

Date/Time	TE	ST			S	YMPTOMS			
				PROCEDUR	RE SET-UPS				
	☐ Visual Acuit	ly			· · · · · · · · · · · · · · · · · · ·				
	☐ Eye Box.		☐ Morgan Lens ☐ Tetracaine		□ Corneal □ Topopen			Dacriose Woods Lamp	
	☐ Nose Tray		☐ Head Light			·.			
	Dental Box		<u> </u>				 .		
	© Ortho Box							1	
	☐ Pelvic Exar	n		•				· · · · · · · · · · · · · · · · · · ·	
	🗅 Lumbar Pui	ncture							
	□ NG-Tube							i	
	☐ Splint					•			
	Crutch Wall	king							
	Suture Set-	Up						1	
				BEHAVIOR	AL HEALTH	<u>. </u>			
	☐ Psychiatric	Evaluatio	n/Screening						
	□ Restraints		See Restraint O	rder Sheet	·	<u> </u>	ū	1:1 Seclusion	
				IV FL	UIDS			· · · · · · · · · · · · · · · · · · ·	
٠	U IV Site _ xt	_ x2							
	☐ IV Bolus			X500ml	Q.	1 Lit	er	🗅 2 Liters	
	U IV Fuids		at _	ml/hr	at ml/hr		/hr	at ml/ar	
	☐ IV Critical C	Orips	Cardizem	Cardizern Nipride		Nitroglycerin Integrillin		Dopamine	
			Nipride					her	
TIME			MEDICATIONS	· · · · · · · · · · · · · · · · · · ·	TIME	T _	ME	DICATIONS)	
	NSC	100	- 1	SW-		MM24. N/0.			
	んり	C-115	· sc V				/ 	1	
		54-32		• .		X	n 04	LT'S A	
	· · · · · · · · · · · · · · · · · · ·	MVS				Planie		+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
									
	Morne	~4,	N don			☐ See add	itional medica	ation order form.	
TIME	, ,		<u> </u>		CONSULTS				
Primary Phys	sician		On-Ca. Specialist			☐ GMS/FMS/Hospitalist Time Notified		☐ Other Tirne Notified	
Time Responde	ed	-	îme Responded		Time Responded		Time	Responded	
				DISBO	SITION				
TIN	AF	, , , , , , , , , , , , , , , , , , ,	DISCHARGE		SSION	TRAN	ISEED	EXPIRED	
* 114	<u> </u>	U Home		☐ Regular Ro		U Hospital	IOFEN	Coroner Called	
		signed unsigned	☐ Telemetry F		D Psychiatric/	Meadhaven	Death Certificate Signed		
		Y	☐ Observation		© Other				
		□ LBMS		☐ Surgery		<u> </u>			
			SoliooNExeuse Provi	1	ys	☐ Workers Co	omp Papers In	nitiated	
PHYSICIAN SI	GNATURE:	TAXABLE STATE	()		EXTENDER S	IGNATURE:			
Certified Medic	· · · · · · · · · · · · · · · · · · ·		D yes / D No	· · · · · · · · · · · · · · · · · · ·			····-	Dictation #	
			<u> </u>		L			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	



PAGE 4 OF 4 Form #ER 16005 Revised 02/13/06

MIRTOLOV TOTON TOTON BUCK TOLOT WIRITON

Pratt Case 2: 10 2 2 30 of 35

Name: HUFFMAN, JAMES G

DOB: 10/29/1953

MR: F000191817 Acct: F0615000782

AdmPhys: Sullivan, Joel C., MD

Admit date: 05/30/2006

Discharge date: 05/30/2006

CHEMISTRY

COLLECTION DATE: 5/30/06 COLLECTION TIME: 8:19:00 PM

Gluc BUN Creat Sodium Potassium Chloride	137 H 18 1.0 136 4.2 102	REF RANGE [60-120] [7-20] [0.6-1.4] [135-145] [3.5-5.0] [97-112]	UNITS mg/dL mg/dL mg/dL mmol mmol
CO2	28	[22-32]	mmol mmol
Calcium	8.8	[8.5-10.5]	mg/dL
Total Protein	6.9	[6.4-8.2]	gm/dl
Albumin	3.8	[2.8-5.0]	gm/dl
Alk Phos	88	[50-136]	u/l
ALT	32	[0-55]	u/l
AST	13	[8-42]	u/1
Bili Total	0.1	[0.0-1.0]	mg/dL
Magnesium	2.0	[1.6-2.4]	mg/dL
proBNP i	57	[0-299]	pg/mL

05/30/2006 08:19:00 PM proBNP: <300 mg/dL excludes CHF

Cardiac Enzymes

COLLECTION DATE: 5/30/06 COLLECTION TIME: 8:19:00 PM

REF RANGE UNITS
Troponin-I <0.04 [<=0.60] ng/mL

88END

NIGHT 12/01 10/44 CC:21 OUU2/E/UI RIGHUFAX

Pratt Gasle 2.186 pt 48 4 EE 4 V C DOCABORA 122 Filed 11/27/2006 Page 31 of 35

Name: HUFFMAN, JAMES G

DOB: 10/29/1953

MR: F000191817 Acct: F0615000782

AdmPhys: Sullivan, Joel C., MD

Admit date: 05/30/2006 Discharge date: 05/30/2006

COAGULATION

COLLECTION DATE: 5/30/06
COLLECTION TIME 8:19:00 PM

REF RANGE UNITS PT11.3 [10.2-12.9] Sec INR 0.95 [0.90-1.19]PTT26 [21-33] Sec D-Dimer Advanced i 0.43 [0.40-2.50]mg/L

05/30/2006 08:19:00 PM D-Dimer Advanced: D-Dimer with a result of < 1.0 mg/L can be used to RULE OUT the diagnosis of DVT and PE.

88END

10/3/2000 12.30 FAGE 1//21 nigntrax

Pratt Cashe : Borting 48 MEF WC Doll MRA 22 FX Filed 11/27/2006 Page 32 of 35 Name: HUFFMAN, JAMES G DOB: 10/29/1953

MR: F000191817

Acct:

AdmPhys: Sullivan, Joel C., MD

Admit date: 05/30/2006

Discharge date: 05/30/2006

HEMATOLOGY

F0615000782

Routine Hematology

COLLECTION DATE: 5/30/06 COLLECTION TIME: 8:19:00 PM

		REF RANGE	UNITS
WBC	15.4 H	[4.1-10.3]	X10-3/uL
RBC	4.00 L	[4.69-6.13]	X 10-6/uL
Hemoglobin	13.0	[13.0-17.5]	gm/dl
Hematocrit	39.4 L	[40.0-51.0]	- 용
MCV	99	[81-100]	${ t FL}$
MCH	33 H	[27-31]	pg
MCHC	33	[32-35]	gm/dl
Platelet Count	3 4 5	[140-400]	X10-3/uL
RD W	14.8 H	[11.5-14.5]	용

Automated Differential

COLLECTION DATE: 5/30/06 COLLECTION TIME: 8:19:00 PM

	*	REF RANGE	UNITS
Neutro Auto	61	[40-75]	용
Lymph Auto	24	[20-53]	용
Mono Auto	10	[0-12]	용
Eos Auto	4	[8-0]	<u> </u>
Basophil Auto	1	[0-2]	용
Neutro Abs	9.5 H	[1.4-6.5]	#
Lymph Abs	3.7	[1.0-4.8]	#
Mono Abs	1.5 H	[0.1-0.6]	#
Eos Abs	0.7	[0.0-0.7]	#
Basophil Abs	0.1	[0.0-0.2]	#
Scan	Auto Diff Verified		

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Pratt Case 2: 00 2 1007 48 MEF WC DOBANEA 22 Filed 11/27/2006 Page 33 of 35

Name: HUFFMAN, JAMES G

DOB: 10/29/1953

MR: F000191817 Acct: F0615000782

AdmPhys: Sullivan, Joel C., MD

Admit date: 5/30/2006 Discharge date: 5/30/2006

RADIOLOGY

Procedure Name: Accession Number: Procedure Date / Ordering

Time: Physician:

DX Chest Portable DX-06-0061208 5/30/2006 Sullivan, Joel C.,

08:06:00 PM MD

Reason For Exam:

chest pain

FINDINGS

HUFFMAN, JAMES G

PORTABLE CHEST:

Both lungs appear to be well expanded without an identifiable abnormality. Heart and cardiomediastinal structures are unremarkable. I do not identify an abnormality of the bony thorax. The pleural space and diaphragmatic shadows are unremarkable. Air spaces appear normal.

IMPRESSION:

1. NO ABNORMALITY IDENTIFIED.

ELECTRONICALLY SIGNED BY: Bailey, Joseph M, MD

TECHNOLOGIST: JLS

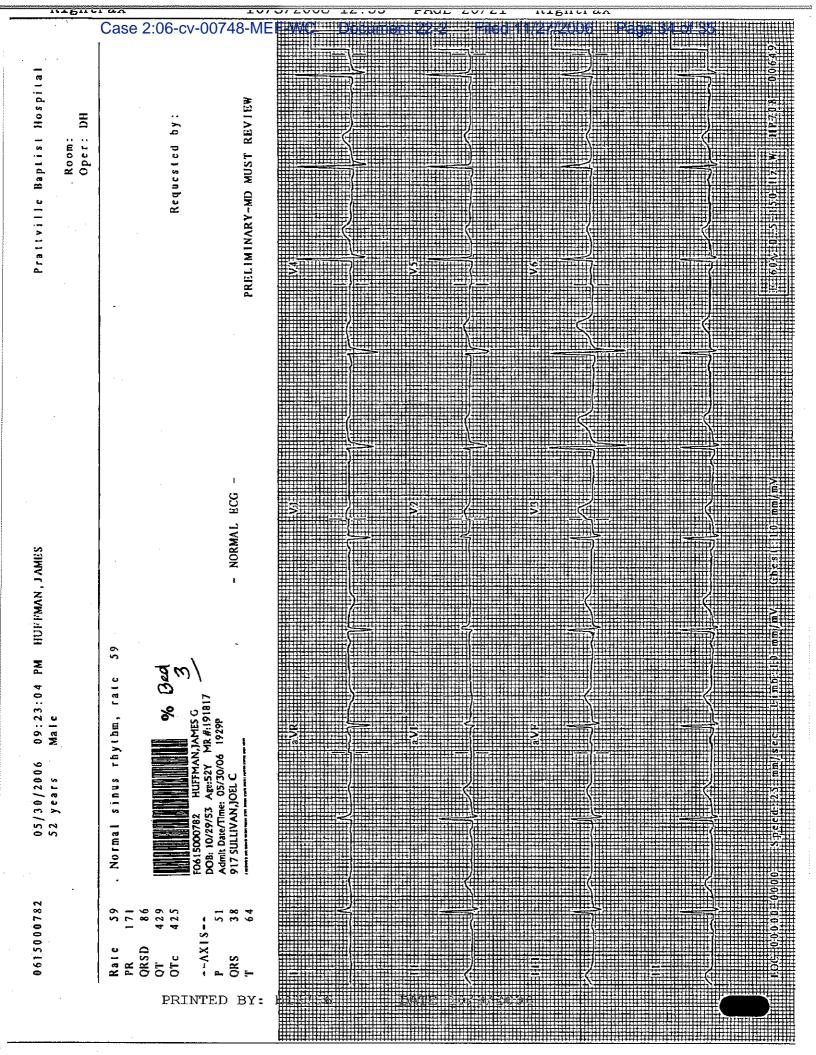
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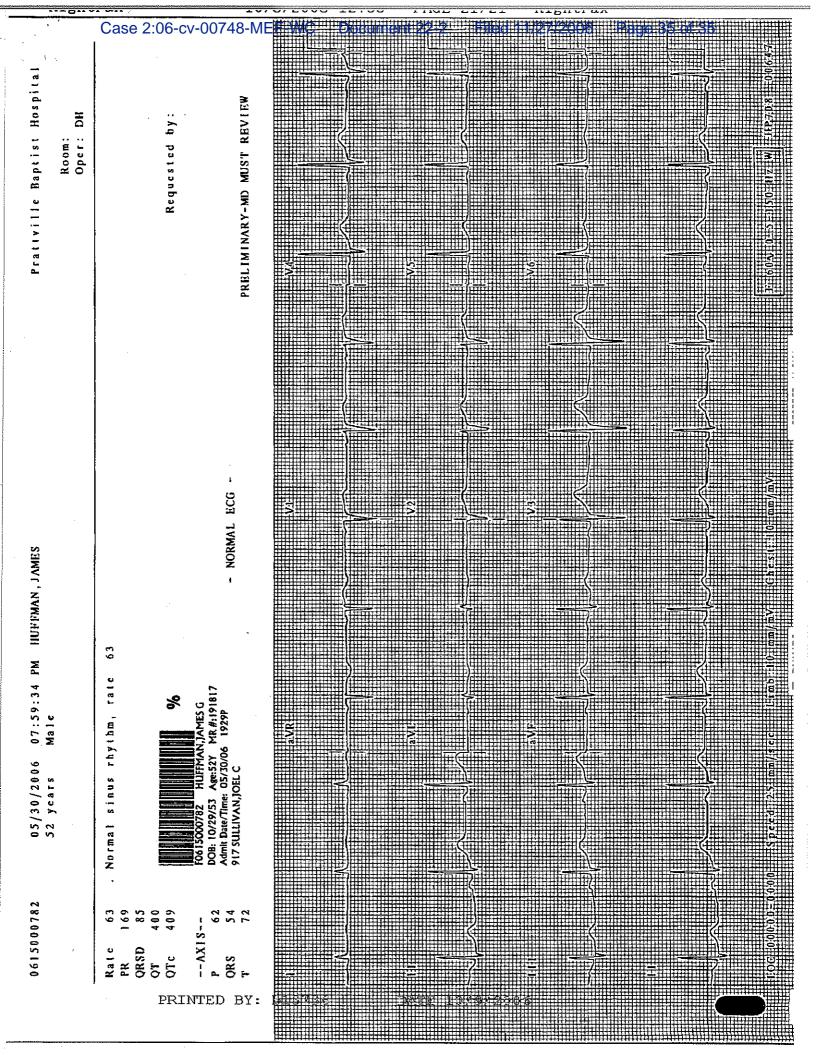
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DATE 10/9/2006





IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JAMES G. HUFFMAN)
Plaintiff,	
v.) CIVIL ACTION NO. 2:06-CV-748-MEF
SOUTHERN HEALTH SERVICES, et al.,) (WO)
Defendants.))

AFFIDAVIT OF TINA ELLIS, LPN.

Before me, the undersigned notary public, in and for said County and State, personally appeared **Tina Ellis, LPN**, who, after first being duly sworn by me, deposes and states as follows:

- 1. My name is Tina Ellis, LPN. I am over the age of 19 years and have personal knowledge of the facts contained herein.
- 2. I obtained my LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, I became licensed by the State of Alabama as an LPN. Since May 2006, I have been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail.
- 3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of an MTA as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Kenneth Nichols ("Dr. Nichols") was the medical director in the jail and Jennifer Cook, Donna Cooey, Gail Colburn and I have served as the

MTA

- 4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.
- 5. As I understand the plaintiff's complaint, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005.
- 6. I have reviewed SHP's entire medical chart on the plaintiff, a true and correct copy of which is attached as Exhibit A.
- 7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure.
- 8. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to

include Elavil at night to help him sleep.

- 9. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep.
- 10. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started him on Fluoxitine (brand name Prozac) 20 mg. for depression and anxiety.
- 11. On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix and prescribed aspirin 325 mg. by mouth twice a day for the plaintiff's heart.
 - 12. In November 2005, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin (brand name Mevacor) for cholesterol.
 - Atarax for anxiety
 - Vasotec for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Paxil for depression and anxiety up through November 29, 2005.
 - Fluoxitine (brand name Prozac) on November 30, 2005 for depression/anxiety.
 - 13. In December 2005, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Vasotec for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.
 - 14. On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining

that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN— the MTA during this time period— on December 16, 2005, and Nurse Colburn educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home.

- 15. On January 3, 2006, Angela Henley, LPN, performed a history and physical on the plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder.
- 16. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.
 - 17. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail.
 - 18. The plaintiff was again booked into the Autauga County Jail on April 30, 2006.
- 19. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising.
- 20. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor.

 On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications

he was on at the time he left the jail in February, substituting Lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril.

- 21. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint.
- 22. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same.
- 23. On May 11, 2006, Dr. Nichols saw the plaintiff, and he complained of pain in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain.
- 24. On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see.
- 25. On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered

Tylenol to treat the plaintiff's complaints of pain.

- 26. In May 2006, the plaintiff was administered the following medication:
- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.
- On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. I documented this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix.
- 28. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs.
- 29. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain.

- In June 2006, the plaintiff was administered the following medications: 30.
- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand nameVasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.
- On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complaind 31. that his left ankle was swollen rising out of his fall down the stairs and requested an x-ray.
- On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left 32. ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle.
 - In July 2006, the plaintiff was administered the following medications: 33.
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).
- 34. In August 2006, the plaintiff was administered the following medications:
- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- 35. On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril.
- 36. On September 2, 2006, the plaintiff completed a refusal of treatment and release of responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin.
- 37. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications.

- On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he 38. complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, I saw the plaintiff in response to this sick call slip, and I referenced Dr. Nichols prior orders for medication.
- On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he 39. complained of pain in his abdomen and requested to see Dr. Nichols.
- On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed 40. him with esophageal reflux. Dr. Nichols prescribed Reglan to assist the plaintiff with this problem.
 - In October 2006, the plaintiff was administered the following medications: 41.
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.
 - Zantac for gastritis.
 - Mylanta for acid indigestion
- Based upon my review of the plaintiff's records, my treatment of the plaintiff and my 42. education, training and experience, it is my medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain.
- All necessary care provided to the plaintiff by me and the SHP medical staff was 43. appropriate, timely and within the standard of care.
- On no occasion was the plaintiff ever at risk of serious harm, nor was the medical staff 44. ever indifferent to any complaint that he made.

Notary Public

My Commission Expires:

Case 2:06-cv-00748-MEF-WC Document 22-3 Filed 11/27/2006 Page 10 of 51

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Tina Ellis, LPN
Tina Ellis, LPN

STATE OF ALABAMA

COUNTY OF AULays

I, the undersigned Notary Public in and for said county in said state, hereby certify that Tina Ellis, LPN whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 27 day of Work Land

Notary Public

My Commission Expires: 173-237

Southern Health Partners

MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Huffman, JAmes.

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M,D. Initial
11/1/05	H71%			N
11/1/05	Depression			W
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Kenneth Nichols, M.D. LINCAUESS MOTES 5/4000 an

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Blood Pressure Record Form

Inmate's Name: Huffman, JAmes	D.O.B.: 10/29/53.
Orders/Instructions: BP / g wk.	Have M.D. review findings upon visit
Physician:	Administrator:

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Southern Health Partners, Inc.

CONFIDENTIAL MEDICAL INFORMATION



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12/10/05 Pod/Location: 40 cell: 403 10# 29089
Inmate's Full Name: James G. Huffman
complaint/Problem: My cardiologist: i.e.; Doctor Finle
told me after my heart Surgery that I
Needed to Sake Plavik every day Bu life we How long have you had this problem?
Inmate's Signature: Date: 12 10 05
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 97.9 Resp 18 Pulse 93 BIP 118/77
Instructions/Assessment: Document your findings, Inmate's responses/actions Pt education
on Med being take. Advised I/m To have
On Meds being taken. Advised I/M To have Plavix brought from Home, To take own meds.
☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order
☐ Follow-Up Required? If checked, date to be seen again ☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: 12/14/05 Seen by: 2
Place original form in national second

WIFT TOAKS TAKEN OFF OF THIS IMPORTANT

MEDICATION I NEED TO BE TOUD WHAT MEDICAL REASON-EXIST TO MERIT MY ARPITRARICY AND CAPPLITIONSLY BEING TAKEN OFF OF THIS MEDICIPE.

I ALSO WANT TO KNOW WHAT OTHER MEDICATIONS, HAVE BEEN PRESCRIBED FOR ME, AS NOW ARE WHAT MY CARDIOLOGIST AND THUS I CIMOS GAVE ME. THANKS

James Stafford

MEDICAL HISTORY & PHYSICAL ASSESSMENT

-6	Problems	Yes	No	Problems	Yes	No	Problems	Yes	No	
3145566	Vision	V		Hypertension	1	200	Gonorrhea		مسير]
'	Hearing		V	Anemia	1		Syphilis]
Ţ	Balance/Dizziness		V	Blood		سسسا	Muscle Problem			
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i	Headaches		E-V	Ulcer		1	Other]
Ī	Seizures			Nausea/Vomiting		2	Other			1
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	Throat	100	*	Liver		1	Irregular Menstrual Period			1
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	Hay Fever		V	Kidney Disease		1/	Gravida/Para		117.	7
	Pneumonia		1	Bladder Infection		1	Last Pap			1
ыд. 5	Tuberculosis			Trouble Volding		1	Contraception	1		1
5- 1	Heart	1		Pediculi (lice)	1		Other	1		٦ .

Pulse MI BP 135/69 Temp 982 Resp. 18.

		Pulse II BP 7 TWI) <u>, / ()</u>	
Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		norman	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		normal
Head: Glasses Pupils Solera Conjunctiva Vision		voluery	Heart: Auscultation Radial pulses Apical pulse Rhythm		normal
Ears: Appearance Canals Hearing		normal	Extremities: Pulses Edema Joints		voemey.
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils		normal	Abdomen: Shape Palpation Hernia Bowel Sounds		normal,
Nose	L	NOMINA	Spine		DOCMAL.
Neck: Veins Mobility Thyrold Carolids Lymph nodes		normer	Gental/Urinary System		normer.

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	1300.	.0
VDRL/RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

[N	A/Comment
Orientation (person, place, time)	-, ,	normal
General appearance (motor behavior, mannerisms		hamion
Affect (mood)		Upimal
Content of thought, history of suicide, present thoughts of suicide		normal -

Physical Examiner's	Signature: +	Marila	URN	*
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Date:	131	06.	
Date://	• . •		

	U	
Physician's Signature:		4

Southern 2:100 Health Front Mersylling: WC Document 22-3 Filed 11/27/2006 Page 19 of 51 ADMISSION DATA / HISTORY AND PHYSICAL FORM 135/6
Exam Date: 1/3/06. s.s.#: 418-78-9434 ID#:7
Inmate Name: Huffman James. Date Booked:
Alias: (Middle) County Cutours
Address: 1310 Hall Ale Pessmer Pl 3457 35720
Telephone; Birthdate: 10/29/53 Bolision: (Zp)
Education Completed: B.A. ARBANA. Special Education:
Marital Status S M W D Separated Read/Write English: YES NO Other:
Previous Incarcerations: (Facility/Date) DAIAS CO, 2004-2005
MEDICAL HISTORY
Notify in Emergency: Blankinship lowe Uncle
Address: 25/02 Winnesty Rd, Mont A1 3/010/0. Phone: 39/0 - 84/4 Health Insurance: (City) (State)
(10 min () (10 min () () () () () () () () () (
Family Physician: DR (Type of Insurance) (State) (State) (Apr) (State) (Policy Number) (Priore Number)
Past Hospitalizations (include surgeries): Heart, 2005. Shints in Heart.
(Stored Address) Head Injury with Loss of Consciousness: O Last Tetanus: 9005 Immunization: Allergies: O Diene
Current Medication(s):
MENTAL HEALTH EVALUATION
Hospitalization for Mental Health Reasons: YES (NO) If Yes, Why:
Where: When:
(Location) (Street Address) (Oty) (State) (Ze) (Date) Psychotropic Meds (Specify type and last dose): YTH- YCS.
Prior Counseling/Out-Patient Treatment for: Yes. Arxiety
Where: (AhAbA Mental Neath Selma At When: Bipolar - 3005' (City) (State) (Zp) When: Bipolar - 3005'
Have you ever attempted suicide: nO How: When:
Have you recently considered committing suicide?
Do people consider you a violent person? (1)
Have you ever been arrested for a violent crime/sexual offense? (Specify)
Street drugs: (Typo-quadrilly) (How Long) Smoker: (195) Phys. Etoh: (100)
Inmate's Signature: Date: 01/03/06
Interviewer's Signature: H HOnelly W. Date: 1/3/06
Witness: (if physical is refused): Date



TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Huffmaw, Tames. Cell # 3
SS# 418 - 78 - 9 424 DOB 10/a9/53. (Male or Female
Date of TB Skin test: 1/3/06 Done by Nurse: A. Nonda, UN -
Previous Positive: YES or (NO)
TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:
Date TB Skin test was read: 45/06 Done by Nurse: 22 Can
Number mm: - Referral for Chest X-ray: YES or NO If yes, Date of CXR:
Comments:
TEAD INDENTE

Southern Health Partners, Inc. TB Consent Form Exp. Date #: 5707.

Results.

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the tungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Faligue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- · The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- · The elderly;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD lorty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. It a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

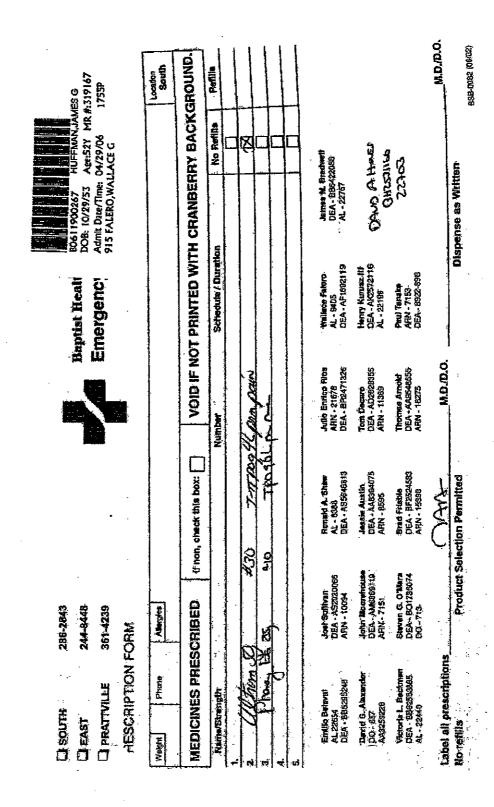
I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: Mames of testing Date: 13/00.

Witness: Date: 13/00

MEDICAL STAFF RECEIVING SCREE	MIDDLE	Southern Healt	SCREENING	
- Huffman James		•		-****
PREVIOUS INCARCERATIONS.	SEX	SOCIAL SECURITY NO.	DOB	
CURRENT INSURANCE COVERAGES?	m,	418-78-9424	10/	29/5
B < 1 BS	CURRENTLY UNDER PHYSICIA	N'S CARE FOR CHRONIC CONDITION		
	····			
VISUAL / MEDICAL OBSERVATION: (Explain all "Yes	s"Answers) Circle Y	or N:	YES	NO
- The Carrier And Indian Of Showing Vicinia clare at illustee inte	ıry, bleeding, pain, or otl	ner symptoms suggesting the	Y	(N.)
need for immediate emergency medical referral? If yes:		V . 00 m.0 m.		
Are there any visible signs of fever, jaundice, skin lesions, ramarks, body vermin?	sh, or infection; cuts, bru	liege or minor injuriant media	1.33	
marks, body vermin? If yes:	,	nood, or minor injustes, needle	(3)	N
Does the inmate exhibit any signs that suggest the risk of suit free:	cide accoult acmb			
<u></u>			Y	M
Does the inmate appear to be under the influence of, or without if yes:	lrawing from drugs or ald	cohol?	Y	(N)
is the inmate's mobility restricted in any way due to deformity	cast injury eta		<u> </u>	
11 yes:			Υ	N
ASK THE INMATE THESE QUESTIONS: (Explain all '	Yes" answers)			·
Have you had or been treated for: (circle as appropriate) ast pressure, mental health problems, seizures, ulcers, or other contents.	onomons?		10	N
Have you taken or are you taking any medication(s) prescribe If ves:	d for you by a physician	?	(7)	N
Are you allergic to any medications, foods, plants, etc.?			-	
n yes:	**************************************		(1)	N
Have you fainted or had a head injury within the last 72 hours If yes:			Y	N
Do you have or have you been exposed to AIDS, hepatitis, TE If yes:	3, VD, or other communic	cable disease?	Y	(N)
Have you been hospitalized by a physician or psychiatrist with	in the last year?		(Y)	N
Have you ever considered or attempted suicide?				
if yes:			Υ	(N)
Do you have a painful dental condition? If yes:			Y	·N
Are you on a specific diet prescribed by a physician?			Y	757
f yes: Do you use drugs? How aften?		<u> </u>] '	(N)
What kind?	Last time? How much?		Υ	(N)
Do you use alcohol? How often?	Last time?		Y	
Vhat kind? Females: LMP Date:	How much?		1	(2)
Are you pregnant, recently delivered or aborted; on birth control f ves:	al nille: havina abdamina	d nois on disabate o	YA	M
100.	or panot noving abdomina	n pain or discharge?	-	
NOTE VITAL SIGNS:				
Respiration: 18 Pulse: 75 T	emperature: 98.6	Blood Pressure: /	09/5	9
IAVE ALL CONCERNS FROM OFFICER INTAKE FORM BE	EN ADDRESSED WITH	INMATES \ . o.s	-	
RE ALL STATED CHRONIC CONDITIONS NOTED:	€ \$	7 200		
PD IMPLANTED? Y OR (N) ARM LOCATION: R		HEDULED FOR 14 DAYS:	ne d	
EMARKS: Bruting bilateral grow		1/3/07		
from Heart Klark.				
have answered all questions truthfully. I have been told and shown hi lease. I hereby give my Consent for professional services tolled armi	ow to obtain medical ecosis	op and advised at 1		
WIMI TO DIVE	ued to me by and through :	es and advised on how to obtain n Southern Health Partners, Inc.	nedication i	upon
mate's Signature:	ar	Date:	5-1-	06
terviewer's Signature and Title:			<u></u>	<u>_</u>
		Date:		

SM-91-5067#A01078REV 2/02/05





TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: <u>05-10-06</u> Pod/Location: <u>0-3</u> Cell: ID#	
Inmate's Full Name: JAMES GRANT HUFFMAN	
complaint/Problem: Lhave an abcused tooth, a molar, on	
the right bottom jaw that is very swollen and	
has bus in and around it. a need something	
How long have you had this problem? For about 2 acres to the second of t	
Inmate's Signature: Date: 05/10/06	
******* ** (****** ********* ******* ******	
TO BE COMPLETED BY MEDICAL STAFF:	
Note Palient's Vital Signs: Temp 98 Resp 20 Pulse 7/ B/P 13.5/83	
Instructions/Assessment: Document your findings, Inmate's responses/actions Abscero D L mole	,
Reflex 500mg ii BID X 7 days Parcogniti BID x 7 days per tx protocal. Added to lental list - M1 Dah Kn	
protocal. Added to lental list - MI Oak Kon	
Received Orders – thru Treatment Protocols; via telephone order; via verbal order Follow-Up Required? If checked, date to be seen again	
☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit	
Date Seen by Medical 13/06 Seen by: M. Oal M	

Place original form in patient's medical record.

ith ner

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TK. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

is parient is currently incorporated at the jail facility listed below. Parient has been referred to your ER/Facility regarding his/her spansors or sitions fisled below. All subsequent tests, procedures, and curpating services other than requested service must be communicated and proved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in used benefits and/or postible denial of payment. If nospital admission is excessive, please communicate may and all medical information as it as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, is treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTEC policy is juited to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formularly adherence. Thank it or your cooperation in this manner.

if jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. The
DE COMPLETED BY THE MEDICAL STAFF AT THE IMPARISON;
Dt. Date/Time: <u>5/24/04</u> Patient's Name (Last/First): <u>Haffman</u> , <u>Janes</u> B: <u>10/29/53</u> SS#: <u>418-78-9424</u> Sex M F Inmate Loc: <u>3</u>
using Facility/Site: <u>Autauga Metro</u> Appt. Destination: <u>DeNtist - Dr. Rober</u>
ot. Address & Phone #:
Medical Contact (RN/LPN): TiNA Ellis, MTA Site Physician: Dr. Ni Chol:
e Medical Unit Phone #: 334-358-3729 Site Medical Unit Fax #: 334-358-4827
SON FOR Referral: (backide Hx of illness/injury, present and poor measurem with patient results, leb and/or x-ce results,
findings from physical exam, patient limitations, altergies, medicalises, etc.)
Tooth Decay - Extraction?
vice Requested: EVAL./TX
BE COMPLETED BY THE REFERBAL STAFF AND REPORTED WITH INMATE BACK TO THE FACILITY:
dings: wheter took # 29 #30 -PXOVY
nned Treatment: 4 liderary - extracted # 29, #30
/Hospital Physician Orders:
/Hospital Contact (Include Phone #):Notes:
the state of the s
ase, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # ed above. If inpatient hospitalization is required, medical staff MUST be notified immediately.

periodical for payment of services is only guaranteed during the time of actual confinement of the lumine under the custody of the above a jail/prison and under the terms of our County contract.



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be this facility.

Today's Date: 05/17/06 Pod/Location: 0-3 Cell: 1D#
Inmate's Full Name: JAMES G. HUFFMAN
Complaint/Problem: I AM STILL HURTING REAL BAD IN MY
* GROIN WHERE I WAS HURT BY THE SURGEONS
PURING MY HEART CATH, IT BURNS AS WELL AS CRAMPS DOWN THERE SOMETHING IS WRONG! HOW long have you had this problem? SINCE SUPPERY ON 04/28/06/
Inmate's Signature: Ames of Hulanan Date: 05/17/06
******** **** **** ***** ***** ***** ****
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 976 Resp 20 Pulse 92 B/P 126/71
instructions/Assessment: Document your findings, Inmate's responses/actions
acute distress & this time will at De 1:10
evaluate Added to mp lest - moul
Late tentry - Dr Nichols Day this st on 5-11-06
So this vive be a follow up
☐ Received Orders — thru Treatment Protocols; via telephone order; via verbal order ☐ Follow-Up Required? If checked, date to be seen again ☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit
Date Seen by Medical: 5/19/04 Seen by: M. Oak
Place original form in patient's medical record.

I'VE HAD A F. EVIOUS CATH'S DO 'E AND I'VE NEVER HAD THE PROBLEMS I AM HAVING NOW, I'M IN SEVERE PAIN, AND NEED TO BEETHER X-RAYED OR HAVE AN ULTRASOUND DONE ON ME BECAUSE SOMETHING IS TERRIBLY WRONG! PLEASE HELP ME.

Shank you, James & Huffman Document 22-3 Filed 11/27/2006 Page 29 of 51 **PROGRESS NOTES**

DATE	NOTES SHO	OULD BE SIGNED BY PHYSICIAN		
5/11/04				
Boule	in jail gince 4/30.			
H	of a hant eath in	Haste on 4/2.	3 + 0/2/2	ler.
4	27 had PTEA & GSF	est.		
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- 5	wollen a little - U	les lugot of	of them	5 ⁽²⁾
pe	try v 425 be pear	ed out the	lt-lane	
4	seely's tropped out Ja.	from in songry -	<u>*</u>	
	3 got some blood.	Istill padsone	e li gibre	<u> </u>
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	on left is.	in inquisteans	هير /	cq 40
	ann sain	n' dispuis care	<i>!</i>	
A	AECAP		<u> </u>	
	150V			
	pay - some &.			
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5/25/0	still prett some in	and signed	e in w	ot a Solve
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		orker.	No hou	heyplot-
	H: 18a4)			
	Gostati	<i>A</i>	<u> </u>	
	Play-5 zmake	150 Greek 10) d	
	Doctor's Signature:			
NAME-Last	First Middle	Attending Physician	Record No.	Floom/Bed
II II.	an James			



Corporate Office: 3712 Ringgold Rd., #364, Chattancoga TN 37412 Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/facility in regarding to his symptoms/conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jall facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office (423) 553-5635. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please note we have a NO NARCOTIC policy at the jall due to the uncontrolled access to medications within the facility. Please refer to our site medical staff for formulary adherence.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:
DATE: 5/30/06 PATIENT'S NAME (LAST/FIRST): HUffnan, James
HOUSING FACILITY/SITE: Autauga Metro Jail
D.O.B.: 10-29-53 SEX: MF S.S.#: 418-78-9424 I.D.#: 33089
SITE PHYSICIAN: K. Nichols SITE MEDICAL CONTACT (RN/LPN): 2ina Ellis, MTA 3729
SITE MEDICAL UNIT PHONE #: 334-358-4827
REASON FOR REFERRAL: (INCLUDE HX OF ILLNESS/INJURY, PRESENT AND PAST TREATMENT WITH PATIENT RESULTS, LAB AND/OR X-RAY RESULTS, FINDINGS FROM PHYSICAL EXAM, PATIENT LIMITATIONS, ETC.):
Severo Crest pain
SERVICE REQUESTED: Eval.
TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:
1 m. 1 SVI - 1.1
PLANNED TREATMENT: Ret for fruit, - Needs FR/HOSDITAL PHYSICIAN ORDERS: FINDINGS: PLANNED TREATMENT: Loture by juil FR/HOSDITAL PHYSICIAN ORDERS:
LIGHOS HALF HISIONAL
ER/HOSPITAL CONTACT (INCLUDE PHONE NUMBER): BMC Pre Hull 361-42-38
NOTE(S):
AL10094 DEA A82020068
PLEASE RETURN THIS FORM WITH THE CORRECTIONAL STAFF UPON DISCHARGE OF THE PATIENT OR FAX DIRECTLY TO THE SITE FAX NO. NOTED ABOVE. IF INPATIENT HOSPITALIZATION IS REQUIRED, MEDICAL STAFF
MUST BE NOTIFIED IMMEDIATELY. THANK YOU.
INITIAL DE LIGHTE CONTROL CONT

Authorization for payment of service is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Case 2:06-cv-00748

761-4239

Q SOUTH 286-2843 O EAST 244-B448

O PRATTVILLE

No Refilis

Product Selection Permitted

DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C

ptist

Filed 11/27/2006

ER PRESCRIPTION &

Page 31 of 51

DISCHARGE INSTRUCTIONS Page 1 of 3

Dispense as Written

PRESCRIPTION FORM

Welg	ht Phone	Allergies	Tetracy	cline	· · · · · · · · · · · · · · · · · · ·	***************************************		Location SOUTH
MEI	DICINES PRES	CRIBED I	f non, check this bo	x: VOID IF N	KOT PRINTED !	WITH CRANB	ERRY BA	CKGROUND
Nan	ne/31/ength;	<u></u> -		Number	Schedule / Du	ration	No Reflis	Refils
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3.				>				
4.								
5.							一一	
	Dante DeJesus DEA - BD 9322063 AL 26777	Joef Sullivan DEA - AS2020066 ARN - 10094	Ronald A. Shaw NEA - BR2471326 AL - 6388	Julio Enrico Rios DEA - 8R2471326 ARN - 21678	Wallace Feloro DEA - AF1692119 AL - 9405	James M. Brady DEA - BB642205 AL - 22767		<u> </u>
	David G. Alexander DO - 657 AA3259226	DEA - AM6869119 ARN - 7151	Jessie Austin DEA - AD8394075 ABN 8595	Julian Mahaganasan DEA - BM7657121 AL 24516	George Smith DEA AS2179706 AL 11413	James Thomas DEA - BT364283 DO 974	8	
	Victoria L. Beckman DEA - B86253885 AL- 22440	Carlos Gutierrez DEA - 8G6616203 AL 24653	Joshua Kothuc DEA - Bikos Porza AL 20945	James Matte DEA BM3360536 AL 17681	David Hines OEA BH2531160 AL 22703			
LABE	L ALL PRESCRIPTIONS	\$		M.D./D.O.				M.D./D.Q.

DOB: 10/29/57- ASS-500 TARS: 19/29/57-WC Admir Date/Time: 05/30/06 1929P



Baptist/27/ERPRESCRIPTION1& **DISCHARGE INSTRUCTIONS**

Page 3 of 3

Wolght Phone Attergles				Locatio SOUTH
MEDICINES PRESCRIBED	If non, check this box:	VOID IF NOT PRINTED WIT	TH CRANDERRY BA	CKGROUN
Name/Strength;	Nun	nber Schedule / Duratio	on No Refills	Refills
1.				
2.				
3.				
4.				
5.				
···		.		r
Asthma Crutches Back Paln J Fever Cast/ Splint Care T Fracture	Head Injury Olitis Media Sprains / Bruises	☐ Threatened Ab ☐ Vomiting / Diarrhea ☐ Wound Care ☐ Other(s)	Return for signs of Increased Redr Increased Swel Increased Drain Increased Heat	ness ling nage
Additional Instructions:		*		F&44 B& 104 104 104 104 104 104 104 104 104 104
	166 Con Con Co	11/	, <u>66866444</u> 471 44964 9 0444444444	
	7.4.	/ /4		
DrPhone: Call on next business day for follow indays / weeks	r-up appointment Next available	☐ Return to Emergency Dep ☐If no improvement or you physician or return to the ☐Learning needs assessed	r condition worsens, ca Emergency Departmen Instructions Modifie	Il your private it for a rechect ed
understand that the treatment I have received furthermore, I many have been released before o call my primary care provider or return to thi nedication or treatment causes drowsiness. I ollow-up care. If diagnostic tests indicate and	re all of my medical problems were a s facility or the nearest emergency or have read and understand the above	pparent, diagnosed, and/or treated. If r enter. I understand that I should NOT di a, received a copy of this form and appl	ny condition worsens, I have rive or perform hazardous ta icable instruction sheets, an provided.	a been instructed isks if my
INSTRUCTED BY:		PHYSICIAN:		· · · · · · · · · · · · · · · · · · ·
L'illice ! bu	41.			
WORK/SCHOOL STATEMENT from	the Emergency Department	****		
PATIENT	·	D.	ATE	
 Patient was seen by Dr. No athletics / physical education May return to work/school w 		☐ May return to r Restrictions:	estricted duties for _	days*
 Will require time off work / s Must be reevaluated by family returning to school / work. 	chool. Estimated time:		_was here with rela	
Time of from echool or work longer than three days should be	approved by a Parsonal or Company/Cocupational Mac	icine Physician, unless ofherwise stated		
			FORM # ER 160	08 REV 03/07/0

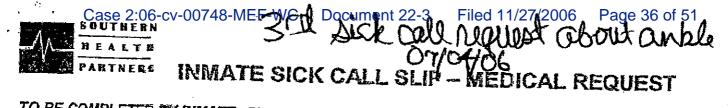
TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at

Today's Date: 06/28/06 Pod/Location: 6 pod	Cell: floo s 1D#
nmate's Full Name: James Frant HIRPMC	וען
Complaint/Problem: Lam Workinging Non	and hair is how to do not
LING-1 WE ANOTH XING CRUTINION & NOW	and lukas diag.
LOULINGING INTO INTO INTO INTO INTO INTO INTO INTO	(///21/21/21/21/21/21/21/21/21/21/21/21/2
ow long have you had this problem? Since I w	Obappanoted on tralaction
ımate's Signature:	Date:
******* ****** ****** ****** ***** *	******
O BE COMPLETED BY MEDICAL STAFF:	
ote Patient's Vital Signs: Temp Resp P	ulseB/P
structions/Assessment: Document your findings, Inmate's respons	. · · · · · · · · · · · · · · · · · · ·
[\langle (\langle \langle \lan	
Received Orders – thru Treatment Protocols; via telephone order; v Follow-Up Required? If checked, date to be seen again	via verbal order
Inmate to be charged through medical co-pay for this visit	
e Seen by Medical: Seen by:	

e original form in patient's medical record.

PROGRESS NOTES

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
499/0	6
1	to sarlad down The Stars yesterday. Fell from the top to the bottom. Hose pain in his book of thingh. Left, book down back of thingh.
	Gell from the top to the bottom.
	Hose pain in his boos back on the
	lette love down back of @ Thigh.
	The state of the s
	PE y @ tonde a spoom laft limber area.
	arla.
¥	f: Back pain.
	lan & medral dose, pk, Then Moth & The
	both bid. x 7 days
	Rober in 750 2 book 7 days.
	As 5
<u> </u>	
	Doctor's Signature:
NAME-Last	First Middle Attending Physician Record No. Roam/Bed



TO BE COMPLETED BY INMATE: Please complete the top half of the Sex Call Stip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 07/04/06	Pode ocation: 5	<u> </u>	_cet_507	D:	76363	
Inmate's Full Name:	SOHUAN	W				
Complaint/Problem: My Que Weight on it dec who my back if the paths in a part of the paths in 3 pad nimate's Signature:	s hulling less Speed by R	olivere p al bod about	ain. It h by sines I hillwood ,2006 w	eldsto Waspi		7
TO BE COMPLETED E	-	AFF:	Pulse_	ond B/P	ered X-nou * alreadyo	* N IBL
istructions/Assessment Locu	ment your ladings, In	mate's respo	nses/actions_			.
						-
	<u> </u>					•
		/ 1 2 				-
Received Orders — Eac Treat Follow-Up Required? Eached Chronic Condition Inmate to be charged Exough	ked, 🖮 to be seen a	gair	er, via verbei o rd	er		· ·
te Seen by Medicat	Seen by:					

ce original form in patient the inal record.

SOUTHERN RADIOLOGY SERVICES, LLC X-RAY REPORT

DATE

LAST NAME

FIRST NAME

MI

7/5/2006 D.O.B.

HUFFMAN SEX

JAMES **FACILITY**

SHP-AUTAUGA CO JAIL

X-RAY NO.

ORDERING PHYSICIAN

NICHOLS

LEFT ANKLE, TWO VIEWS, 07/05/06: Anterior tibial and dorsalis pedis artery calcifications are present. No fracture, dislocation or any significant bony abnormality identified.

DICTATED BUT NOT REVIEWED

Randall Finley, M.D./pag

7/5/2006 1:53:24 PM tt: td: 7/5/2006 1:41:33 PM

	11	20 .		PLEASI	PRINT	(0 0		<u> L</u>		-Employee	
TIE	NT: HU 1	TIMEN Jag	<u> 25</u>	Ħ					KRTY INFOI EO FOR ALL F		
₿:	10/29/	53 SEX: (M) F	RÓ	OM #:	NAME:		\	1	PHONE #:	()	
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301	MNOG.	F	RE CE	HTIFICATION #	process this	claim. I request payment	of governmen	allinery ran Turvina	ce beneilts be	made to the provider performing	g services.
\$ U	TANCE II:								ationi Unabi	a to Sign	
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HĀ	Y EXAMS			 	· · · · · · · · · · · · · · · · · · ·			-,			
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-	73600 73610	Ankle, 2 Views (AP 7 LA7) L	R	73510		Comp Min 2 Views Trus, Min 2 Views	LR		79110	Wrist, Min 3 Views	L.
	73650	Calcaneus (Heel), 2 Views L	R	73560		, 2 Views	L R			OTHER	
_	71010	Chest, 1 View (AP)		73562	Knee	, a Views (inc OBLQ	LA			OTHER EXAMS	L
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	787.3	Abdomen Distention (Flatulance		496	COPI), Chronic Obstructive P	ulim. Dis		560.9	Obstruction, Intestina	
	787.5	Abnormal Bowel Sounds	-	786.2	Gou		Jan. 2701			Pain in	
	413.0	Angina	\neg			cation of			465	Pnaumonia, Confirma	ed .
		Arthritis of		780.4		ness		<u> </u>	514	Preumonia, Probable	3
_	429.2	ASCVD, Arteriosclerotic cardiovas. D	s,	787.2		hagla (Difficulty Swa	llowing	ļ	795.5	Positive Mentoux, PF	
	427.31	Atrial Fibrillation		782.3 492.0		na (Swelling) hysema		 	518.4	Pulmonary Edema, N	108
	507.0 427.89	Aspiration Bradycardia		780.6		ile (Feverish)			515 786.7	Pulmonary Fibrosis Rales in Chest	
-	427,00	Bruise of	\dashv			ible Fracture of			786.09	Shortness of Breath	~
	466.0	Bronchilts, NOS	=	560.39		ection			780,2	Syncope & Collapse	
_		Carolnoma of		518.9	infilt	ale. Lung			785.0	Tachycardia	
	429.8	Cardiomegaly]	410.9		cardial Infarction			011.90	Tuberculosia	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	786,50	Chest Pain, Unspecified		787.0	Nau	sea and Vomiting			519.8	URI (Chronic)	
	514 428.0	Congestion, Chest Congestive Heart Failure	\dashv	 				-	-	OTHER	
	1 440.0	Congostivo Hoper's cause		<u> </u>					<u> </u>		
	YSICIAN'S			NURSE'S	e. ~). ¢	Elter Mi	TA	X.F	RAY #	775	:cн: <i>0</i> Д
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find	₹ difficult to recen	scychological and/or age ilminations, this patient we frie/these procedure(a) at a fixed size. I certify	tat	PHYSICIAN	: <u>L V.</u>	thois i		DA	TE: 7 5	NE PVIE	ws: Z
	These procedum (n nis patient.	i) is/are medically necessary for the proper treat	nsæ	PHONE #:	1124 () rea		AR	RIVE TIME:	930 pm 000	82 u /
_	DIOLOGIST:			7	_ <u></u>)		\neg	PART TIME	Deel	CEN 2.
_	r vi			FAX:	4			l tite	TANA HIME		سري لاا⊒ت



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: <u>08/29/04</u>	Pod/Location	1: la Pod	Cell:_ <i>O_[</i>	ID#_	
Inmate's Full Name:	nes G.	HUFFMA	N		
Complaint/Problem:	ase dro	pally	y medic	ations o	2 lycept
My appirin,	elavil c	and lis	teril (8P)	woth	e fact &
can't afford	topau	bitle	Calle &	Pthe *K	12.00 debt x
How long have you bad this p	F / (
- /\ <u>A</u>	es O. Hu	lfman		Date: Qu	just 28,200
	* ******		** *****		** ******
TO BE COMPLETED	RV MEDICA	AI STAFF.			-
			O tto dan an	nio.	
Note Patient's Vital Signs:	remp	Kesp	Pulse	B/P	
Instructions/Assessment: Do	cument your find	lings, Inmate's n	esponses/actions		
4					
☐ Received Orders – thru Tr	eatment Protoco	ols; via telephoni	e order; via verba	l order	
☐ Follow-Up Required? If cl ☐ Chronic Condition				,	
☐ inmate to be charged thro	ugh medical co-	pay for this visit			
Date Seen by Medical:	Se	en by:			
Place original form in patient's med	lical record.			+ 0	en com
that occidents of	unedd	wba	mix-ux	o in the	medication
Pinting of &	ndered	meds	not have	ing been	sent TO
the becau	inting a	Hice O	s it Ahou	IL how	e been.

Inmate's Name: James Huffman
Date of Birth: 10-29-53 Social Security No.: 418-78-9424
Date: $9-2-06$ Time: 5.00 a.m. $6.m$
This is to certify that I, <u>James Huffman</u> currently in custody at the <u>Autauga CO. Metro Jail</u> (Print Inpate's Name)
(Print Facility's Name)
I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.
I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that make been based on my refusal of prior treatment.
Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff an administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.
Iam refusing from this date on 09/02/06
Manus Styling JE, MTA
Signature of Inmate Signature of SHP Medical Representative
<u>9-2-υψ</u> Date
cc: Confidential Medical File Jail Administrator
nmate has requested we stop all of this meds 3712 Ringgold Road, #36 Chattanooga, TN 3741
pt Vistaril, Plani / Appum Decouse the 423-553-5635 Phon
mable to pair to all of it. JE. MTA

PROGRESS NOTES

DATE			NOTES S	HOULD BE SIGNED BY PH	YSICIAN	
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					/	(W)
		Doctor's	Signature:			
NAME-Last		First	Middle	Attending Physician	Record No.	Ноот/Вед



TO BE COMPLETED BY INMATE: Please complete the top half of the Sex Call Slip and return it to the correctional officer and/or medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical staff arrange for you to be this facility.

Today's Date: 10/09/06 Post ocation: 6 pod Call: 60/
Inmate's Full Names James G. Huffman
Complaint/Problem: lam experiencing Dewer pain in my left abdomen near the rib cage where I had my spleen
abdomen near the rit cage where I had my nologo
removed. In still having a real problem with my
West of the state
my Gach has been this way Dince I got here Date: 10/09/06
******* *** ***** **** *** *** *** *** *** *** *** ***
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp RespPulse B/P
Instructions/Assessment: Document your findings, Inmate's responses/actions
Im To Storache pain & stabling, busing feeling See MD orders
Sie MD orders
नि Received Orders – किया Treatment Protocols; via telephone order; via verbal order I Follow-Up Required? ई checked, ट्रेक्ट to be seen again
I Chronic Condition Inmate to be charged Inrough medical co-pay for this visit
ate Seen by Medical: Seen by: JE, MTA



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/31/06 F	Pod/Location: D-6	Cell:601	ID#_	
Inmate's Full Name: Jame	28 G. HUffer	ran		
Complaint/Problem: 1 am	still having	severe	pain in m	4
obamin abo	lomen, in th	ecenter	of my dia	phra
and under mu	ribson the	right sío	de load	tosa
Doctor Nichols How long have you had this proble	m? Aor about	2 Weeks	but it has	actte
a lot worse inmate's Signature:	nes & Huffm	an	Date: 10/31/06	2
******	*******	*******	* ******** ***	*****
TO BE COMPLETED BY	MEDICAL STAFF:			·
Note Patient's Vital Signs: To	empResp	Pulse	B/P	
Instructions/Assessment: Docume	nt your findings, Inmate's res	sponses/actions		
Treated by	doctor niv	holo 11-	3-06	·
,			· · · · · · · · · · · · · · · · · · ·	
			ATTENDED	
☐ Received Orders – thru Treatme☐ Follow-Up Required? If checked☐ Chronic Condition☐ Inmate to be charged through m	I, date to be seen again			
Date Seen by Medical:		· · · · · · · · · · · · · · · · · · ·		

Place original form in patient's medical record.

PROGRESS NOTES

DATE			OULD BE SIGNED BY PH		
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	Doctor's Signatur	e:			
NAME-Last	First Middle		Attending Physician	Record No.	Room/Bed

	LT H Innate Name: Juffman Jamas
	TNERS DOB OF LD. #: 10/49/53
Start at top and write subse	
Date of physician's order:	
11/8/05	1
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120/1-	ROLV.O. D. Michael T. COOL CAP
Date of physician's order:	
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Date of physician's order:	Continuis meda as Jaken:
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	Uistacil 25mg - po bid
The second state of the se	Prozac 20mg To gpm.
Date of physician's order:	Elavil 100 mg + po g pm.
	ASA 325mg = po bid.
	UO Or Nichola/ 2Co
	n/23
Date of physician's order:	
-	Tyleno 32) mg - po b. cx7 dap
5-5-06	7PO Dr Nichols / Bloch
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Date of physician's order:	Tulenol 375ma = habs hid x 3da s
5/24/06.	Trylenol 325mg : topos Did X 3days.
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Start at ap and write subsequent orders below Date of physician's order: \$\int_{\sigma} \frac{150_{\sigma}}{2} \partial_{\sigma} \frac{150_{\sigma}}{2} \parti	
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Date of physician's order: \[\text{The Allegates} \text{Color of the Allegates} \]	
Date of physicism's order:	-
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5/25/06 Zantac 150m po bid x 10 days,	1
3/25/06	ı
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Physician's Orders

Southern Health Partner's, Inc.

Inmate Name: Auffra, Jones SSN: DOB: 10-29-53 Altergies: NEA	Facility: <u>Hufauqa</u> County 0 Jail

Date: 9/21/06	Date:
Thursolen 800	bid × 10 days pru,
Flexeril 10ag	bid & 5 days
person the &	nlk
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M.D. Sig:	M.D. Sig. 10/V/
Date:	Date:
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Case 2:06-cv-00748-MEF-WC Document 22-3 Filed 11/27/2006 Rage 48 of 51 MEDICATION ADMINISTRATION RECORD

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RESIDENT HILLIAM TAMO	5		112910	_	1 -	602C.	Code			Date		

MEDICATION ADMINISTRATION RECORD

UTAUGA COUNTY JAIL UFFMAN, JAMES REPORT DATE : 01/06

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25	26 27 28 29 30 31
LOVASTATIN 40 MG TABLET	33/22/06	
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HYDROXYZINE PAM 25 MG CAP	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	26 27 28 29 30 31
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		26 27 28 29 30 31
FLUOXETINE 20 MG CAPSULE	11/27/0F	
PROZAC 20 MG PULVULE	A series of the	25 82 28 29 30 31
TAKE 2 CAPSULES IN THE	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	5 26 27 28 29 30 31
EVENING	3000 1-12-2011 10-10-1-1-10-10-11-11-11-1-1-10-10-11-10-11-10-11-10-11-11	THE PERSON
	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 2	26 27 28 29 30 31
AMITRIPTYLINE HCL 100 MG	11/04/05	
SLAVIL 100 MG TABLET	And A well a print soft to the profess 22 20 to	9 20 27 20 29 90 9 1
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IN THE UNITED STATES DISTRICT COURT FOR THE MIDDLE DISTRICT OF ALABAMA NORTHERN DIVISION

JAMES G. HUFFMAN)
Plaintiff,))
v.) CIVIL ACTION NO. 2:06-CV-748-MEF
SOUTHERN HEALTH SERVICES, et al.,) (WO))
Defendants.	,)

DEFENDANTS' SPECIAL REPORT AND ANSWER

Defendants, Southern Health Partners, Inc. (designated in the Complaint as both "Southern Health Services Partners" and "Nurses of Southern Health Partners"), and Kenneth Nichols, M.D., (designated in the Complaint as both "Dr. Nichols" and "Dr. Nicholson, M.D.") submit their Special Report and Answer to the Court as follows:

I. INTRODUCTION

The plaintiff filed his Complaint on August 22, 2006 and his amended complaint on September 28, 006. On August 30, 2006, this Court ordered Defendants to file an Answer and Special Report concerning the factual allegations made by the plaintiff in his Complaint and amendments thereto. Pursuant to paragraph one of the Order for Special Report, Defendants aver that there are no similar complaints against them that should be considered with this complaint. This Court has dismissed Hollis v. Ellis, CV No. 2:06-CV-814-WKW, which was referenced by the codefendants.

II. PLAINTIFF'S ALLEGATIONS

The plaintiff alleges that these Defendants failed to provide adequate or appropriate medical attention in violation of the plaintiff's Eighth Amendment right to be free from cruel and unusual punishment. Specifically, the plaintiff alleges that Dr. Nichols and SHP's medical nursing staff were deliberately indifferent to the plaintiff by failing to provide him adequate medication for his heart problems, back pain and anxiety/bipolar disorder, which he claims caused him to suffer a heart attack in late April 2005 and to be rushed to Baptist Medical Center Emergency Room in May 2005. ¹

III. DEFENDANTS' ANSWER TO PLAINTIFF'S ALLEGATIONS

Defendants deny the allegations made against them by the plaintiff as said allegations are untrue and completely without basis in law or fact. Defendants deny that they acted, or caused anyone to act, in such a manner as to deprive the plaintiff of any right to which he was entitled. The plaintiff's Complaint fails to state a claim upon which relief can be granted. Defendants raise the defenses of Eleventh Amendment immunity, qualified immunity, the plaintiff's failure to comply with the Prison Litigation Reform Act and additional defenses presented below. Defendants reserve the right to add additional defenses if any further pleading is required or allowed by the law.

IV. SWORN STATEMENTS

Pursuant to Paragraph 2 of the Court's Order, Defendants submit the affidavits of Dr. Nichols (Exhibit 1), and Tina Ellis, LPN (Exhibit 2), who are persons having knowledge of the subject matter of the Complaint.

¹ This statement of the plaintiff's allegations is based upon the plaintiff's Complaint as amended and the undersigned's interpretation of the issues raised. If other issues are presented, Defendant requests that this Honorable Court grant Defendants an opportunity to answer and address those issues.

V. STATEMENT OF FACTS

A. Background

- 1. Dr. Nichols obtained his medical degree from UAB in 1982. From 1982 to 1985, he performed an internal medicine internship and residency at Baptist Memorial Hospital in Memphis, Tennessee. From July 1985 to the present, he has been in private practice in internal medicine in Prattville, Alabama. He is licensed by the State of Alabama as a medical doctor and has been so since 1985. Since 1997, Dr. Nichols has been the medical director of the Autauga County Jail. Since November 2005, he has been employed by Southern Health Partners, Inc. ("SHP") to be the medical director of the Autauga County Jail. (Nichols Aff. at ¶ 2.)
- 2. Tina Ellis, LPN ("Nurse Ellis") obtained her LPN degree from Bevill State Community College in Hamilton, Alabama in December 2005. In May 2006, she became licensed by the State of Alabama as an LPN. Since May 2006, she has been employed by Southern Health Partners, Inc. ("SHP") as the medical team administrator ("MTA") for the Autauga County Jail. (Ellis Aff. at ¶ 2.)
- 3. SHP provides medical care to inmates in various jail facilities, including the Autauga County Jail. From November 2005 to the present, health care services have been provided to inmates by SHP pursuant to a contract between SHP and the Autauga County Commission. Health care in the jail is provided under the direction of a medical team administrator ("MTA") as well as a medical director. During the period complained of by the plaintiff in this action, Dr. Nichols was the medical director of the jail, and Jennifer Cook, Donna Cooey, Gail Colburn and Tina Ellis have served as the MTA. (Nichols Aff. at ¶ 3.)

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4. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit. (Nichols Aff. at ¶ 4.)

В. Chronology of the plaintiff's treatment

- 5. A true and correct copy of SHP's entire medical chart on the plaintiff is attached to Nurse Ellis' affidavit as Exhibit A. (Ellis Aff. at ¶6.)
- The plaintiff's January and February 2004 medical records from Baptist Medical 6. Center East in Montgomery, Alabama are attached to Dr. Nichols' affidavit as Exhibit A, the plaintiff's April 27, 2005 discharge summary from Shelby Baptist Hospital in Alabaster, Alabama is attached to Dr. Nichols' affidavit as Exhibit B, and records related to the plaintiff's May 30, 2006 emergency room admission are attached to Dr. Nichols' affidavit as Exhibit C. (Nichols Aff. at ¶ 6.).
- 7. The plaintiff was booked into the Autauga County Jail on September 13, 2005. On September 15, 2005, Dr. Nichols saw the plaintiff. In this initial presentation, the plaintiff said he was taking Plavix for his heart, Zocor for high cholesterol and Xanax for anxiety. Plaintiff gave a medical history of two stents and a prior heart attack in January 2004. He also mentioned problems with anxiety and his back and said that he had undergone surgery for a ruptured spleen in November 2004. Dr. Nichols assessed him as having arteriosclerotic cardiovascular disease (ASCVD) and prescribed Plavix 75 mg. daily for his heart, Mevacor for cholesterol, Paxil and Atarax for anxiety and Vasotec for high blood pressure. (Nichols Aff. at ¶ 7.)
 - 8. Upon review of the plaintiff's January and February 2004 records from Baptist

Medical Center East (Ex. A), the plaintiff did not suffer a heart attack in January 2004. On January 27, 2004, he was admitted to Baptist Medical Center East with complaints of chest pain, and he was seen by Dr. Finklea, who ruled out heart attack. Based on the history taken by Dr. Finklea, the plaintiff had a stenting of his left arterior descending ("LAD") artery in July 2002. He underwent repeat catheterization in January 2003 for recurrent chest discomfort and the stent was found to be open. On January 29, 2004, the plaintiff underwent catheterization performed by Dr. Finklea, who found the plaintiff's LAD stent to be patent and placed another stent in the circumflex artery. In his discharge instructions, Dr. Finklea prescribed Plavix 75 mg daily for three months, which would have expired at the end of April 2004. (Nichols Aff. at ¶ 8.)

- 9. On September 29, 2005, Dr. Nichols saw the plaintiff in follow-up to his September 15th appointment, and the plaintiff complained that he did not get his heart medications the prior week. Dr. Nichols' assessment remained ASCVD and he changed the plaintiff's prescription to include Elavil at night to help him sleep. (Nichols Aff. at ¶ 9.)
- 10. On October 6, 2005, Dr. Nichols saw the plaintiff for complaints of not sleeping. Dr. Nichols prescribed Elavil 100 mg. at the hour of sleep. (Nichols Aff. at ¶ 10.)
- 11. On November 8, 2005, Dr. Nichols discontinued the plaintiff's Paxil prescription and started the plaintiff on Fluoxitine (brand name Prozac) 20 mg. for depression and anxiety. (Nichols Aff. at ¶ 11.)
- On November 9, 2005, Dr. Nichols discontinued the plaintiff's prescription for Plavix 12. and prescribed aspirin 325 mg. by mouth twice a day for his heart. Based upon Dr. Nichols' medical judgment, Plavix was no longer indicated, because it had been 22 months since the plaintiff's last

cardiac event in January 2004. Also, Plavix, at that time, was not on SHP's formulary of approved drugs. (Nichols Aff. at ¶ 12.)

- 13. In November 2005, the plaintiff was administered the following medications:
- Aspirin for his heart.
- Lovastatin (brand name Mevacor) for cholesterol.
- Atarax for anxiety
- Vasotec for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Paxil for depression and anxiety up through November 29, 2005.
- Fluoxitine (brand name Prozac) on November 30, 2005 for depression/anxiety.

 (Nichols Aff. at ¶ 13.)
 - 14. In December 2005, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Vasotec for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 14.)

15. On December 10, 2005, the plaintiff completed an inmate sick call slip, complaining that Dr. Finklea told him that he needed to take Plavix everyday for life. The plaintiff was seen by Gail Colburn, RN- the MTA during this time period-- on December 16, 2005, and Nurse Colburn

educated the plaintiff on the medications he was taking and advised the plaintiff that he could take Plavix if it was brought from home. As stated before, at this juncture, it was Dr. Nichols' opinion that Plavix was not indicated, although it would not hurt the plaintiff if he were to take it. (Nichols Aff. at ¶ 15.)

- 16. On January 3, 2006, Angela Henley, LPN, performed a history and physical on the plaintiff. During his history and physical, the plaintiff identified prior heart problems and stated that he had been treated for anxiety and bipolar disorder. (Nichols Aff. at ¶ 16.)
- 17. From January 1, 2006 through February 6, 2006, the plaintiff was administered the following medications:
 - Aspirin for his heart.
 - Lovastatin for cholesterol.
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline HCL (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

(Nichols Aff. at ¶ 17.)

- 18. On February 6, 2006, the plaintiff was discharged from the Autauga County Jail. (Nichols Aff. at ¶ 18.)
- 19. The plaintiff was again booked into the Autauga County Jail on April 30, 2006. In his complaint, the plaintiff claims that he had a heart attack on April 22, 2006, and was discharged from the hospital on April 27, 2006. Attached as Exhibit A to Dr. Nichols' affidavit is the discharge summary from Shelby Baptist Medical Center dated April 27, 2006. As set out in the discharge

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summary, the plaintiff was admitted to the hospital with complaints of chest pain, but he was not diagnosed with a heart attack. Instead, the cardiologist recommended that he undergo a cardiac catheterization, which showed no change from his previous catheterization. There was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. (Nichols Aff. at ¶ 19.)

- 20. On May 1, 2006, Nurse Colburn performed a medical screening of the plaintiff, wherein she noted that the plaintiff had bruising on his bilateral groin area from heart catheterization. On May 5, 2006, Dr. Nichols entered an order prescribing Tylenol for the plaintiff's complaints of pain related to said bruising. (Nichols Aff. at ¶ 20.)
- 21. The plaintiff returned to the jail with prescriptions for Plavix, monopril and Zocor. On May 2, 2006, Dr. Nichols entered an order continuing the plaintiff on all of the same medications he was on at the time he left the jail in February, substituting lovastatin for Zocor, aspirin for Plavix and Vasotec for monopril. Again, based on the plaintiff's history, it was Dr. Nichols' medical judgment that the plaintiff did not need Plavix for his heart and could be adequately treated with aspirin. (Nichols Aff. at ¶ 21.)
- 22. On May 3, 2006, the plaintiff was brought to the medical staff complaining of chest pain. He was seen by Angela Henley, LPN, who noted that the plaintiff attributed his chest pain to soreness related to him trying to catch himself from falling. Nurse Henley took the plaintiff's vital signs and monitored him for a couple of hours without further complaint. (Nichols Aff. at ¶ 22.)
- 23. On May 10, 2006, the plaintiff completed an inmate sick call slip, complaining of an abscess tooth on his right bottom jaw. On May 12, 2006, the plaintiff was seen by Marlo Oaks, RN. Pursuant to Dr. Nichols' protocol for such complaints, the plaintiff was ordered Keflex and

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Percogesic and was added to the dental list. On May 24, 2006, the plaintiff was seen by Dr. Roberson, an Autauga County dentist. Dr. Roberson found that the plaintiff had two infected teeth, and he extracted same. (Nichols Aff. at ¶ 23.)

- 24. On May 11, 2006, Dr. Nichols saw the plaintiff, and the plaintiff complained of pain in the left groin and testicles related to the placement of his heart catheter. Dr. Nichols continued the plaintiff on the same medications, which included Tylenol for pain. (Nichols Aff. at ¶ 24.)
- On May 17, 2006, the plaintiff completed an inmate sick call slip, where he again 25. complained that he was hurting in his groin area where the surgeons had placed his heart catheter. On May 19, 2006, the plaintiff was seen by Marlo Oaks, RN in response to this sick call slip, and Nurse Oaks noted that the plaintiff was not in acute distress and added the plaintiff to the list of patients for Dr. Nichols to see. (Nichols Aff. at ¶ 25.)
- On May 25, 2006, Dr. Nichols saw the plaintiff for his complaints of soreness in his 26. left groin area. Dr. Nichols noted that the plaintiff had a tender epigastrium. Dr. Nichols' assessment was ASCAD and gastritis, and he prescribed Zantac for the gastritis. Dr. Nichols also ordered Tylenol to treat the plaintiff's complaints of pain. (Nichols Aff. at ¶ 26.)
 - 27. In May 2006, the plaintiff was administered the following medication:
 - Aspirin for his heart.
 - Lovastatin (brand name Mevacor) for cholesterol
 - Vasotec for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Tylenol for pain.
- Keflex for dental complaints.
- Percogesic for dental complaints.
- Zantac for gastritis.

(Nichols Aff. at ¶ 27.)

- On May 30, 2006, the plaintiff complained to the medical staff of chest pain, and Dr. Nichols gave a telephone order to send the plaintiff to the emergency room for evaluation. The plaintiff was sent to Baptist Medical Center in Prattville and was seen by Dr. Joel Sullivan, who noted a normal EKG. The plaintiff's records from this ER visit are attached as Exhibit B to Dr. Nichols' affidavit. Tina Ellis, LPN, documents this emergency room visit on June 3, 2006, but it actually occurred on May 30, 2006. Based upon the emergency room records, there was no determination that the plaintiff suffered any injury or harm from not taking Plavix or any other medication. Dr. Sullivan's discharge instructions included a prescription for Plavix, but Dr. Nichols substituted aspirin for Plavix based on his medical judgment that the plaintiff was responding well to aspirin and did not need Plavix. (Nichols Aff. at ¶ 28.)
- 29. On June 28, 2006, the plaintiff completed an inmate sick call slip complaining of severe pain in his back, neck and hip from injuries received from a fall down the stairs. (Nichols Aff. at ¶ 29.)
- 30. On June 29, 2006, Dr. Nichols saw the plaintiff in response to these complaints. Dr. Nichols assessed the plaintiff with back pain and prescribed a Medrol dose pack, Motrin and Robaxin to treat these complaints of pain. (Nichols Aff. at ¶ 30.)
 - 31. In June 2006, the plaintiff was administered the following medications:

- Aspirin for his heart.
- Lovastatin for cholesterol.
- Enalapril Maleate (brand nameVasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety
- Zantac for gastritis.
- Medrol dose pack for back pain.
- Ibuprofen (Motrin) for back pain.
- Robaxin for back pain.

(Nichols Aff. at ¶ 31.)

- 32. On July 4, 2006, the plaintiff completed an inmate sick call slip, wherein he complained that his left ankle was swollen rising out of his fall down the stairs and requested an x-ray. (Nichols Aff. at ¶ 32.)
- 33. On July 5, 2006, Dr. Nichols ordered that the plaintiff receive an x-ray on his left ankle, which was performed by Dr. Randall Finley. Dr. Finley noted that the plaintiff had no fracture, dislocation or any abnormality with his ankle. (Nichols Aff. at ¶ 33.)
 - 34. In July 2006, the plaintiff was administered the following medications:
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.

- Fluoxitine (brand name Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.
- Medrol dose pack for back pain (up through July 5, 2006).
- Ibuprofen (Motrin) for back pain (up through July 5, 2006).
- Robaxin for back pain (up through July 8, 2006).

(Nichols Aff. at ¶ 34.)

- In August 2006, the plaintiff was administered the following medications: 35,
- Lovastatin for cholesterol.
- Aspirin for his heart.
- Enalapril Maleate (brand name Vasotec) for high blood pressure.
- Amitriptyline (brand name Elavil) to help him sleep.
- Fluoxitine (Prozac) for anxiety and depression.
- Hydroxyzine PAM (brand name Vistaril) for anxiety.
- Zantac for gastritis.

(Nichols Aff. at ¶ 35.)

- On August 29, 2006, the plaintiff completed an inmate sick call slip, wherein he 36. requested that the medical staff drop all of his medications except aspirin, Elavil and Vistaril. (Nichols Aff. at ¶ 36.)
- On September 2, 2006, the plaintiff completed a refusal of treatment and release of 37. responsibility form, wherein he again stated that he wanted all of his medications stopped except Vistaril, Elavil and aspirin. (Nichols Aff. at ¶ 37.)

Page 13 of 21

- 38. Consistent with the plaintiff's desires, the plaintiff received aspirin, Vistaril and Elavil in September 2006. On September 21, 2006, Dr. Nichols saw the plaintiff for complaints of lower back pain. Dr. Nichols noted that the plaintiff was refusing his medication. Dr. Nichols ordered that the plaintiff take ibuprofen and Flexaril, a muscle relaxer, for his back pain and also ordered that the plaintiff resume taking Lovastatin for cholesterol and Vasotec for high blood pressure. Consistent with Dr. Nichols' orders, the plaintiff resumed taking these medications. (Nichols Aff. at ¶ 38.)
- 39. On October 9, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of experiencing pain in his left abdomen near his rib cage where he had his spleen removed. He also complained of back pain. On October 10, 2006, the plaintiff was seen by Tina Ellis, LPN, who referenced Dr. Nichols prior orders for medication. (Nichols Aff. at ¶ 39.)
- 40. On October 31, 2006, the plaintiff completed an inmate sick call slip, wherein he complained of pain in his abdomen and requested to see Dr. Nichols. (Nichols Aff. at ¶ 40.)
- 41. On November 3, 2006, Dr. Nichols saw the plaintiff for these complaints and assessed him with esophageal reflux. Dr. Nichols prescribed Reglan to assist him with this problem. (Nichols Aff. at ¶ 41.)
 - 42. In October 2006, the plaintiff was administered the following medications:
 - Lovastatin for cholesterol.
 - Aspirin for his heart
 - Enalapril Maleate (brand name Vasotec) for high blood pressure.
 - Amitriptyline (brand name Elavil) to help him sleep.
 - Fluoxitine (brand name Prozac) for anxiety and depression.
 - Hydroxyzine PAM (brand name Vistaril) for anxiety.

- Zantac for gastritis.
- Mylanta for acid indigestion

(Nichols Aff. at \P 42.)

C. Defendants were not deliberately indifferent to the plaintiff's medical needs.

- Based upon Dr. Nichols' review of the plaintiff's records, his treatment of the plaintiff and his education, training and experience, it is his medical opinion that the plaintiff received appropriate medications for his heart problems and anxiety. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain—which was not often—he was administered medication to alleviate same. While incarcerated at the Autauga County jail, the plaintiff has not identified nor has he ever informed Dr. Nichols or the medical staff that he was taking Percocet for back pain. The plaintiff was not denied any medication, including Plavix, on the basis of cost or expense. On the contrary, Dr. Nichols' orders prescribing and discontinuing medication to the plaintiff were based solely on Dr. Nichols' medical judgment of the plaintiff's condition. (Nichols Aff. at ¶ 43.)
- 44. Based upon Nurse Ellis' review of the plaintiff's records, her treatment of the plaintiff and her education, training and experience, it is her medical opinion that the plaintiff received appropriate nursing care for his heart problems, anxiety and back pain. (Ellis Aff. at ¶ 44.)
- 45. All necessary care provided to the plaintiff by Dr. Nichols and the SHP medical staff was appropriate, timely and within the standard of care. (Nichols Aff. at ¶ 44; Ellis Aff. at ¶ 43.)

46. On no occasion was the plaintiff ever at risk of serious harm, nor was Dr Nichols or the medical staff ever indifferent to any complaint that the plaintiff made. (Nichols Aff. at ¶45; Ellis Aff. at ¶44.)

VI. LEGAL ARGUMENT

A. The plaintiff's claims against Defendants are due to be dismissed, because the plaintiff has presented no evidence that Defendants were deliberately indifferent to a serious medical condition.

In order to prevail under 42 U.S.C. § 1983 on his medical claim, the plaintiff must demonstrate that Defendants were deliberately indifferent to a serious medical condition. Because society does not expect that prisoners will have unqualified access to health care, deliberate indifference to medical needs amounts to an Eighth Amendment violation only if those needs are "serious." *Hudson v. McMillian*, 503 U.S. 1, 9 (1992). "A serious medical need is one that has been diagnosed by a physician as mandating treatment or one that is so obvious that even a lay person would easily recognize the necessity for a doctor's attention." *Kelley v. Hicks*, 400 F. 3d 1282, 1284 n. 3 (11th Cir. 2005). Where a prisoner has received medical attention and the dispute concerns the adequacy of the medical treatment, deliberate indifference is not shown. *Hamm v. DeKalb County*, 774 F.2d 1567 (11th Cir. 1985).

Indeed, in *Estelle v. Gamble*, 429 U.S. 97, 106 (1976), the United States Supreme Court held that medical malpractice does not become a constitutional violation merely because the victim is a prisoner. Thus, the inadvertent or negligent failure to provide adequate medical care "cannot be said to constitute an unnecessary and wanton infliction of pain." (*Id.* at 105-06.) Instead, it must be

shown that there was a "deliberate indifference" to the serious medical needs of a prisoner. (*Id.* at 104.)

In addition, an inmate does not have a right to a specific kind of medical treatment. City of Revere v. Massachusetts General Hosp., 463 U.S. 239, 246 (1983) (holding, "the injured detainee's constitutional right is to receive the needed medical treatment; how [a municipality] obtains such treatment is not a federal constitutional question") (emphasis added). Furthermore, this Court should not substitute its medically untrained judgment for the professional judgment of the medical health professionals who treated the plaintiff. See Waldrop v. Evans, 871 F.2d 1030, 1035 (11th Cir. 1989) (observing that "when a prison inmate has received medical care, courts hesitate to find an Eighth Amendment violation"); Hamm v. DeKalb County, 774 F.2d 1567, 1575 (11th Cir. 1985) (stating that the evidence showed the plaintiff received "significant" medical care while in jail, and although the plaintiff may have desired different modes of treatment, care provided by jail did not constitute deliberate indifference), cert. denied, 475 U.S. 1096 (1986); Westlake v. Lucas, 537 F.2d 857, 860 n.5 (6th Cir. 1976) (stating "[w]here a prisoner has received some medical attention and the dispute is over the adequacy of the treatment, federal courts are generally reluctant to second guess medical judgments."); Bismarck v. Lang, 206 WL1119189 (M.D. Fla. 2006) ("Whether a defendant should have used additional or different diagnostic techniques or forms of treatment 'is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment.") quoting Adams v. Poag, 61 F.3d 1537, 1545 (11th Cir. 1995).

In this case, there is absolutely no evidence from which a jury could find that Dr. Nichols or the SHP medical staff acted with deliberate indifference to any serious medical need of the plaintiff. On the contrary, the plaintiff's medical chart clearly demonstrates that all of his medical needs were

addressed in a timely and appropriate fashion. The plaintiff's heart condition, anxiety and back pain was treated with medication prescribed by Dr. Nichols on a regular basis. Indeed, the plaintiff regularly was administered aspirin for his heart, Lovastatin for cholesterol and Vasotec for high blood pressure. Moreover, the plaintiff was regularly administered Vistaril and Prozac to combat his anxiety. When the plaintiff complained of back pain-which was not often--he was administered medication to alleviate same. The decision to discontinue Plavix was based on Dr. Nichol's medical judgment that Plavix was no longer indicated. Therefore, this decision "is a classic example of a matter for medical judgment and therefore not an appropriate basis for liability under the Eighth Amendment." Adams v. Poag, 61 F.3d 1537, 1545 (11th Cir. 1995). Moreover, the hospital records attached as Exhibits B and C to Dr. Nichols' affidavit demonstrate that the plaintiff did not suffer a heart attack in late April 2006 and he suffered no ill effects from his emergency room admission to Baptist Medical Center on May 30, 2006. There was no determination by the plaintiff's treating physician in either incident that the plaintiff suffered any injury or harm from not taking Plavix or any other medication

Dr. Nichols and Nurse Ellis have both testified that the standard of care was met in Dr. Nichols and the medical staff's treatment of the plaintiff. The plaintiff has failed to present any evidence or medical testimony rebutting this testimony and, in fact, has presented no evidence that the treatment provided him by said Defendants was somehow indifferent to his needs.

SHP Is Due To Be Dismissed, Because There is No Evidence that SHP Itself В. Directly Caused the Violation of Any Constitutional Right Through Its Adoption of Some Official Policy or Practice.

Precedent from the U.S. Court of Appeals for the Eleventh Circuit provides that when a private corporation contracts with a state to perform a function traditionally within the province of

the state government, including the provision of medical services to state inmates, then that corporation should be treated as a governmental entity and as a person acting under color of state law within the meaning of 42 U.S.C. §1983. Buckner v. Toro, 116 F.3d 450, 452 (11th Cir. 1997); Edwards v. Alabama Department of Corrections, 81 F.Supp.2d 1242, 1254 (M.D. Ala. 2000). Although the private entity operating under such circumstances is not entitled to qualified immunity, certain special requirements for liability apply. Edwards, 81 F.Supp.2d at 1254-55; McDuffie v. Hopper, 982 F.Supp. 817, 825 (M.D. Ala. 1997). Thus, in order to prove that SHP should be liable in this case, the plaintiff would have to demonstrate that SHP itself directly caused the violation of his constitutional rights through SHP's adoption of some official policy or practice. See, e.g., Monell v. Department of Social Services, 436 U.S. 658, 695 (1978); Gilmere v. City of Atlanta, 774 F.2d 1495, 1502-03 (11th Cir. 1985). Plaintiff has failed to assert a specific allegation against SHP in his complaint, and a theory of respondeat superior is insufficient in any event to support a §1983 claim. Therefore, even the broad assertion that SHP was generally responsible for the acts or omissions of its medical staff would be inadequate to prove liability. For this reason, SHP is entitled to a full and final summary judgment. See, Monell, 436 U.S. at 691-92; Edwards, 81 F.Supp.2d at 1255.

C. The plaintiff's claims are barred by the Prison Litigation Reform Act for his failure to exhaust administrative remedies.

The Prison Litigation Reform Act requires exhaustion of all available administrative remedies before an inmate may file a lawsuit under 42 U.S.C. § 1983. See 42 U.S.C. § 1997e(a); *Booth v. Churner*, 532 U.S. 731, 733-34 (2001) (stating that 42 U.S.C. § 1997e(a) "requires a prisoner to exhaust 'such administrative remedies as are available' before suing over prison conditions."). Exhaustion is required for "all inmate suits about prison life, whether they involve general

circumstances or particular episodes, and whether they allege excessive force or some other wrong." *Porter v. Nussle*, 534 U.S. 516, 532 (2002).

The plaintiff has not alleged that he pursued any grievance through the State Board of Adjustment or through the jail's grievance procedure. See *Brown v. Tombs*, 139 F.3d 1102, 1103-04 (6th Cir. 1998) (requiring prisoners to affirmatively show that they have exhausted administrative remedies). Alabama law provides the opportunity to file a claim and proceed before the Alabama State Board of Adjustment pursuant to Ala. Code § 41-9-60 et seq.

Because the plaintiff failed to exhaust all administrative remedies, the plaintiff's claims are barred by 42 U.S.C. § 1997e(a). See *Alexander v. Hawk*, 159 F.3d 1321, 1326-27 (11th Cir. 1998) (affirming dismissal of present action due to failure to exhaust administrative remedies).

VII. REQUEST THAT SPECIAL REPORT BE TREATED AS MOTION FOR SUMMARY JUDGMENT.

A. Summary Judgment Standard

Pursuant to Rule 56 of the Federal Rules of Civil Procedure, Defendants move this Court to enter summary judgment in their favor, because, as is more particularly shown above, there is no genuine issue as to any material fact and they are entitled to judgment as a matter of law.

On a motion for summary judgment, the court should view the evidence in a light most favorable to the nonmovant, However, a plaintiff "must do more than show that there is some metaphysical doubt as to the material facts." *Matsushita Elec. Indus. Co. v. Zenith Radio Corp.*, 475 U.S. 574, 586 (1986). Only reasonable inferences with a foundation in the record inure to the nonmovant's benefit. See *Reeves v. Sanderson Plumbing Products, Inc.*, 530 U.S. 133 (2000). "[T]he court should give credence to the evidence favoring the nonmovant as well as that 'evidence

supporting the moving party that is uncontradicted or unimpeached, at least to the extent that that evidence comes from disinterested witnesses." Reeves, 530 U.S. at 151, quoting 9A C. Wright & A. Miller, Federal Practice and Procedure § 2529, p. 299. "A reviewing court need not 'swallow plaintiff's invective hook, line and sinker; bald assertions, unsupportable conclusions, periphrastic circumlocutions, and the like need not be credited." Marsh v. Butler County, 268 F.3d 1014, 1036 n.16 (11th Cir. 2001) (en banc) quoting Massachusetts School of Law v, American Bar, 142 F.3d 26, 40 (1st Cir. 1998).

B. **Motion for Summary Judgment**

Defendants respectfully request that this honorable Court treat this Special Report as a motion for summary judgment and grant unto them the same.

> Daniel F. Beasley (BEA059) Robert N. Bailey, II (BAI045)

us N. Jales

Attorneys for Defendants

OF COUNSEL:

LANIER FORD SHAVER & PAYNE P.C. 200 West Side Square, Suite 5000 Huntsville, AL 35801 (256) 535-1100

CERTIFICATE OF SERVICE

I hereby certify that I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

John Robert Faulk McDowell, Faulk & McDowell 145 West Main Street Prattville, AL 36067-3033

and I hereby certify that I have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant:

have mailed by United States Mail, postage prepaid, the document to the following non-CM/ECF participant on this the 26th day of July, 2006:

James G. Huffman Autauga County Jail 136 North Court Street Prattville, AL 36067

ww. Baly

Southern Health Partners

MASTER PROBLEM LIST

For Use with Chronic Condition Patients. Chronic Conditions are classified as (but not limited to): Diabetes (IDDM/NIDDM), Hypertension, Pregnancy, HIV/AIDS, Asthma, Seizures, Diagnosed Mental Illness, CHF, Hepatitis.

Patient's Name (Last/First/Middle): Huffman, JAmes.

Date Problem Identified/Dx	Chronic Condition	M.D. Comments	Date Of Initial M.D. Eval	M.D Initia
11/1/05	H7M			N
11/1/05	Depression			W
- 111				
H &	P Date: 1306.	Allergies: NV	PPD Results	<i>e</i> .

Kenneth Nichols, M.D. 5140000

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Filed 11/27/2006



Blood Pressure Record Form

Inmate's Name: Huffman, JA	mes D.O.B.: 10/29/53,
Orders/Instructions: BP / 2 w 1	Have M.D. review findings upon visit
Physician:	Administrator:

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INMATE SICK CALL SLIP – MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 210 5 Pod/Location: 40 cell: 403 ID# 29089
Inmate's Full Name: James 6, Huffman
Complaint/Problem: My Cardiologist: i.e. Doctor time
told me after my heart Surgery that t
Meded to Sake Plavik every day By He was I taken of 25 1th and Could be any modern to How long have you had this problem?
Inmate's Signature: WWWS Huffman Date: 12/10/05
******** ***** ***** ****** ******* ****
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 97.9 Resp 18 Pulse 93 B/P 118/77
Instructions/Assessment: Document your findings, Inmate's responses/actions Pt education
on Meds being take. Adussed I/m To have
On Meds being take. Advised I/m To have Plavix brought from Home, To take own meds.
☐ Received Orders — thru Treatment Protocols; via telephone order; via verbal order ☐ Follow-Up Required? If checked, date to be seen again
Date Seen by Medical: 12/14/05 Seen by: 2
Place original form in patient's medical record.

MEDICATION I NEED TO BE TOUR WHAT MEDICAL REASON-EXIST TO MERIT MY ARPITRARICY AND CAPPLITIOUSLY BEING TAKEN OFF OF THIS MEDICIPE

I ALSO WANT TO KNOW WHAT OTHER MEDICATIONS HAVE BEEN PRESCRIBED FOR ME, AS NONE ARE WHAT MY CARDIOLOGIST AND THUSICIANS GAVE ME. THANKS

James Stat

MEDICAL HISTORY & PHYSICAL ASSESSMENT

6	Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
glasses	Vision	V		Hypertension		-	Gonorrhea		America
• 1	Hearing		V	Anemia			Syphilis		مس
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Skin: Color Condition Turgor Recent Inj.		normal	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		normal
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Ears: Appearance Canals Hearing		normal	Extremities: Pulses Edema Joints		voluey.
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Nose		MMXOU	Spine		DOCMAL.
Neck: Veins Mobility Thyroid Carotids Lymph nodes		norman	Genttal/Urinary System		normer.

LABORATORY TESTS

	Date & Initial	Results
Was PPD planted and read timely?	13/00.	0
VDRL/RPR		
Other Lab Tests needed:		
Pregnancy Test?		

MENTAL HEALTH OBSERVATION

	N	A/Comment
Orientation (person, place, time)		normal
General appearance (motor behavior, mannerisms		normal
Affect (mood)		Normal
Content of thought, history of suicide, present thoughts of suicide		normal.

Physical Examiner's	Signature: 1	Monta	URN	ŧ
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Physician's	Signature:
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Southern Health Panthers MEEWC Document 22-5 Filed 11/27/2006 Page 8 of 51 ADMISSION DATA / HISTORY AND PHYSICAL FORM 135/6°
Exam Date: 1/3/06. s.s.#: 418-78-9424 ID#:71
Inmate Name: Luffm An James Date Booked: County: Count
Address: 1310 HAI AVE (First) Bessmer (Middle) AI 367 35030
Telephone: Birthdate: 10/29/53 Balliaion: (Za)
Education Completed: B.A. ARBANA. Special Education:
Marital Status S M W D Separated Read/Write English: YES NO Other:
Previous Incarcerations: (Facility/Date) DAIAS CO, 2004-2005
MEDICAL HISTORY
Notify in Emergency: Blankinship lower Uncle
Address: 25/02 Winchesty Rd, Mont A 36/00 Phone: 396-84/4
Health Insurance:
Family Physician: DR. Linke ea (Street Address) (City) (State) (Zip) (Phone Number)
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TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Hutman, Tames. Cell # 3
SS# 418-78-9424 DOB 10/29/53. Male or Female
Date of TB Skin test: 1/3/06 Done by Nurse: A. Norda, UN -
Previous Positive: YES or (NO)
TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:
Date TB Skin test was read: 1/5/06 Done by Nurse: 22 Con
Number mm: Referral for Chest X-ray: YES or NO If yes, Date of CXR:
Comments:
TEAD SHILLS TEAD OLD IN

Results

Exp. Date #: 5707.

Southern Health Partners, Inc.

TB Consent Form

Tuberculosis Screening and Treatment

What is Tuberculosis:

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever: Chills: and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- · The homeless:
- IV drug users
- Alcoholics;
- Prison inmates
- · The elderly;
- Persons with HIV infections/AIDS

Screening:

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

Treatment:

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest xray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

Consent for Testing/Treatment:

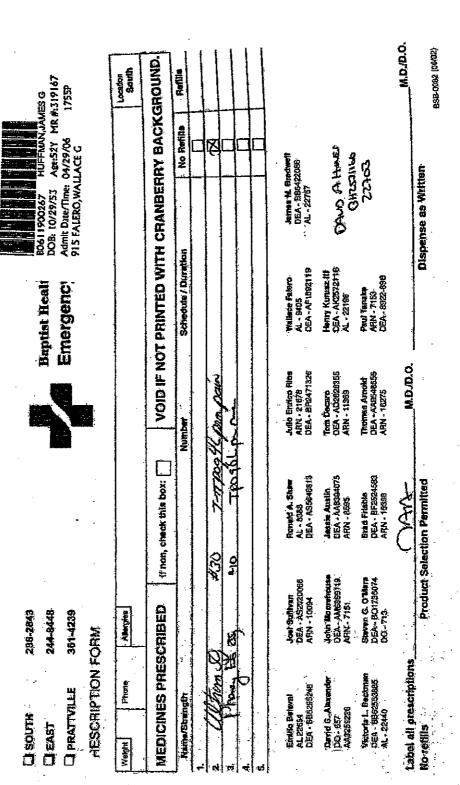
I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature Warmer of tuffing	Date: 1/3/00.
Witness: A. Mala LRN.	Date: (3 00)
Confidential Medical Information	1713

MEDICAL STAFF RI	ECEIVIII SCRI	EENING FORM	Southern Healti	h Partner	rs. Inc.
TIME AMPM	FIRST NAME	MIDDLE		SCREENING	
PREVIOUS INCARCERATIONS.		SEX	SOCIAL SECURITY NO.	DOB	
CURRENT INSURANCE COVERAGES?	? .	<u> </u>	418-78-9424	10/	29/53
BC/BS		CURRENTLY UNDER PHYSICIAN	'S CARB FOR CHRONIC CONDITION		
VISUAL / MEDICAL OBSERY	VATION: (Explain all *	Yes" Answers) Circle Yo	or N:	YES	NO
Is inmate unconscious or showin need for immediate emergency n If yes:	nedical teleflatt			Υ	(N.)
Are there any visible signs of few marks, body vermin? If yes:				(3)	N
Does the inmate exhibit any signs If yes:				Y	N
Does the inmate appear to be un if yes:	•	•	ohol?	Y	N
Is the inmate's mobility restricted If yes:		·		Y	(B)
ASK THE INMATE THESE QU	JESTIONS: (Explain a	all "Yes" answers)			
Have you had or been treated for pressure, mental health problems Other:	o, scientes, tilbis, of othe	er conditions?		(2)	N
Have you taken or are you taking If yes:		ibed for you by a physician?		(1)	N
Are you allergic to any medication if yes:	is, foods, plants, etc.?			O	N
Have you fainted or had a head in if yes:		urs?		Y	N
Do you have or have you been ex If yes:			able disease?	Y	N
Have you been hospitalized by a r If yes: Burning har	•	vithin the last year?		(1)	N
Have you ever considered or atter if yes: Do you have a painful dental cond				Y	N
If yes: Are you on a specific diet prescrib				(X)	N
it yes:	en by a physician r			Y	(N)
Do you use drugs? How often? What kind?		Last time?		Y	(N)
Do you use alcohol? How often?	·····	How much?	···		
What kind? Females: LMP Date:		Last time? How much?		Y	(N)
Are you pregnant, recently delivered by yes:	ed or aborted; on birth co	ntrol pills; having abdominat	pain or discharge?	- 1	M
NOTE VITAL SIGNS: Respiration: 1 Puls					<u> </u>
		Temperature: 98.6	. Blood Pressure: /	09/5	9
HAVE ALL CONCERNS FROM O			INMATE? Yes-		······
ARE ALL STATED CHRONIC COL	MULTIONS NOTED:				
PPD IMPLANTED? Y OR (F	2) laterel or		HEDULED FOR 14 DAYS:	re d	
from Heart Klark					·
have answered all questions truthfully, elease. I hereby give my consent for p	I have been told and show potessional services tolded a	n how to obtain medical service rovided to me by and through S	es and advised on how to obtain r couthern Health Partners, Inc.	nedication :	ироп
nmate's Signature:	7 / 11/1	· wi V	Date:	5-1-	-06
nterviewer's Signature and Title:	Mu-ti	-	Date:		. —

"Sneiny Her Off
e 2:06-cv-00748-ME Document 22-5 Filed 11/27/2008 Page 12 of 51
663-3/15
DE4 tro
PATIENT ALLA CSC NO.
ADDRESS DATE 4/26/66
AGE
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$=$ 2) $\mathcal{M}_{\text{PLNO}}$ \mathcal{L}_{NO}
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LABEL BY NAME AND STRENGTH
Product Selection Permitted M.DM.D.
Dispense As Written
111 (1) Off On Clark
West Davill (A 409) M SMADI-5067 RADIO7BREV 2/02/05
or Mckage
real year

Page 13 of 51





Place original form in patient's medical record.

INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05-10-06 Pod/Location: 0-3 Cell: ID#
Inmate's Full Name: JAMES GRANT HUFFMAN
complaint/Problem: Lhave an abcused tooth, a molar, on
the right bottom raw that is very swollen and
has dus in and around it a need something
How long have you had this problem? For about 2 agus
Inmate's Signature: Ames Attulinan Date: 05/10/06
******** ***** ****** ******** ******* ****
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 98 Resp 30 Pulse 7/ B/P 135/83
Instructions/Assessment: Document your findings, Inmate's responses/actions Abscero (D) I moler
Kifler Soons is BID X 7 days Parcogeniti BIDX 1 days per tx
Reflex Soons is BID X 7 days Parcogniti BIDX 1 days per tx profund. Added to lental list - M1 Oak Kn
Received Orders – thru Treatment Protocols; via telephone order; via verbal order Follow-Up Required? If checked, date to be seen again
☐ Chronic Condition
Example to be charged through medical co-pay for this visit
Date Seen by Medical 12/06 Seen by: M. Call In

thern th

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN: 37412

Phone: (423) 553-5635 Fax: (423) 553-5665

PATIENT REFERRAL INFORMATION FORM

patient is currently incarcerated at the jail facility listed below. Patient hat been referred to your ER/Facility regarding his/her symptoms or sitions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and erved by the medical connect person at the jail facility to ensure justification. Failure to notify the medical connect person may result in Leed benefits and/or possible denial of payment. If hospital admission is necessary, please communicate my and all medical information as less an estimated tength of stay to our Utilization Review Department at our corporate office at the filted above. Certification, justification, to reterment plan of continued rervices must be obtained to governote payment of the claim. Please, note we have a NO NARCOTEC policy is jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formality adherence. Thank or your cooperation to this maner.

For your cooperation in this maner.	my materials. 4 their
DE COMPLETED BY THE MEDICAL STAFF AT THE JAPLIESON;	.
M. Dato/Time: 5/34/0/4 Patient's Name (I act/First): Harffman Toldes	
11:00 AM	***************************************
Dt. Date/Time: <u>5/34/04</u> Patient's Name (Last/First): <u>Haffman, James</u> B: <u>10/29/53</u> SS#: <u>418-78-9434</u> Sex(M) F Inmate 1	Loc: 3
ising Facility/Site: <u>Hutauga Metro</u> Appt. Destination: <u>DeNtist - L</u>	or Kobersa
et. Address & Phone #:	
Medical Contact (RN/LPN): TiNA Ellis, MTA Site Physician: Dr.	Nichols
e Medical Unit Phone #: 334-358-3729 Size Medical Unit Fax #: 334-	
See Medical Unit Phone #: 354 358 25787	535 - Fract
son For Referral: (backde Hx of illness/injury, present and pass meanment with purious results, but see	d/or x-ce ₂ results.
findings from physical exam, patient limitations, allergies, medications, etc.)	
Tooth Decay - Extraction?	
1081 NOCCUM - EXTINCTIONS	
vice Requested: EVAL./TX	
BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE	
unhated toolh + 79 +312 - exout	
aings: November 2004) # 2 1 11 10 10 10	
aned Treatment: 4 liderarie - extracted # 29, 2	430_
/Hospital Physician Orders:	
Manutast Commence (English Dhama H). Notice	
/Hospital Contact (Include Phone #):Notes:	
ase, return this form with the correctional staff upon discharge of the patient or fax directly	to the site fex#
ed above. If inpatient hospitalization is required, usedical stuff MUST be notified immediate	££4.

ase, return this form with the correctional staff upon discharge of the patient or fax directly to the site lex it ed above. If inputient hospitalization is required, medical stuff MUST be notified immediately.

**Transition for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above distillyrison and under the terms of our County contract.



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be this facility.

Today's Date: 05/17/06 Pod/Location: D - 3 Cell: ID#
Inmate's Full Name: JAMES G. HUFFMAN
Complaint/Problem: 1 AM STILL HURTING REAL BAD IN MY
& GROIN WHERE I WAS HURT BY THE SURGEONS
PUPING MY HEART CATH, IT BURNS AS WELL AS, CRAMPS DOWNTHERE SOMETHING IS WRONG! How long have you had this problem? SINCE SURGERY ON 04/28/06/
Inmate's Signature: Athurnan Date: 05/17/06
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp 976 Resp 30 Pulse 92 B/P 126/71
Instructions/Assessment: Document your findings, Inmate's responses/actions
acute distress @ this time will let De Mile
evaluate Added h mp lest -mal
Late tentry - Dr Nichols Daw thin st an 5-11-06
So this wire be a follow up
☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order ☐ Follow-Up Required? If checked, date to be seen again ☐ Chronic Condition ☐ Inmate to be charged through medical co-pay for this visit
Date Soon by Madical State of Son A
Place original form in patient's medical record.
, and a manufacture of the control o

Case 2:06-cv-00748-MEF-WC Document 22-5 Filed 11/27/2006 Page 17 of 51

I'VE HAD 41 EVIOUS CATH'S DO 'E AND I'VE NEVER HAD THE PROBLEMS I AM HAVING NOW, I'M IN SEVERE PAIN, AND NEED TO BEETHER X-RAYED OR HAVE AN ULTRASOUND DONE ON ME BECAUSE SOMETHING IS TERRIBLY WRONG! PLEASE HELP ME.

Shank you, James Ethylman

Document 22-5 Filed 11/27/2006 Page 18 of 51 **PROGRESS NOTES**

DATE	NOTES SHOULD BE SIGNED BY PHYSICIAN
5/11/04	
Ball	in jail gride 4/30.
14	of a hant cuts in Alaste on 4/23 + 0/c'der
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	area, Heo has been to
	Phy & tonde apigostrum
	Took or left formal
	orag. No wentered
	H: Mach
	Gostalle Landon of
	1/4-5 ZME 180 GIER/V.
	Doctor's Signature:
NAME-Last	First Middle Attending Physician Record No. Room/Bed
MMHM	an James



Corporate Office: 3712 Ringgold Rd., #364, Chattancoga TN 37412 Phone: (423) 553-5635 Fax: (423) 553-5645

PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/facility in regarding to his symptoms/conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office (423) 553-5635. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please refer to our site medical staff for formulary adherence.

TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAILIPKISON:
DATE: 5/30/06 PATIENT'S NAME (LAST/FIRST): HUffnan, James
HOUSING FACILITY/SITE: HUTQUEA TYLETED Jail
D.O.B.: 10-29-53 SEX: MF S.S.#: 418-78-9424 I.D.#: 33089
SITE PHYSICIAN: K. Nichols SITE MEDICAL CONTACT (RN/LPN): Dina Ellis, MTA
SITE MEDICAL UNIT PHONE #: 334-358-2000 SITE MEDICAL UNIT FAX #: 334-358-4827
REASON FOR REFERRAL: (INCLUDE HX OF ILLNESS/INJURY, PRESENT AND PAST TREATMENT WITH PATIENT RESULTS, LAB AND/OR X-RAY RESULTS, FINDINGS FROM PHYSICAL EXAM, PATIENT LIMITATIONS, ETC.):
Sovero Crest pain
SERVICE REQUESTED: Eval.
TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:
FINDINGS: Normal LX6 + 1 celus
PLANNED TREATMENT: Roth to juil - Ret for prole - Needs
ER/HOSPITAL PHYSICIAN ORDERS: to falley with
ER/HOSPITAL CONTACT (INCLUDE PHONE NUMBER): BMC Par Hull 361-4236
NOTE(S):
AL10094 DEA A82020088
DI EASE DETURN THIS FORM WITH THE CORRECTIONAL STAFF UPON DISCHARGE OF THE PATIENT OR FAX
DIRECTLY TO THE SITE FAX NO. NOTED ABOVE. IF INPATIENT HOSPITALIZATION IS REQUIRED, MEDICAL STAFF
MUST BE NOTIFIED IMMEDIATELY. THANK YOU.

Authorization for payment of service is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Case 2:06-cv-00748

361-4239

286-2843 244-8446 C) SOUTH □ EAST

O PRATTVILLE

DOB: 10/29/53 Age:52Y MR #:191817 Admit Date/Time: 05/30/06 1929P 917 SULLIVAN, JOEL C

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ER PRESCRIPTION & DISCHARGE INSTRUCTIONS Page 1 of 3

Dispense as Written

PRESCRIPT	ION	FORM
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Weigh	Phone	Allergies	Tetracy	cline	*************************************		· .	Location SOUTH
MED	ICINES PR	ESCRIBED	If non, check this bo	ox: VOID IF I	OT PRINTED	WITH CRANB	ERRY BA	CKGROUND
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	Dante DeJesus DEA - BD 9322063 AL 26777	DEA - A\$20200 ARN - 10094	Ronald A. Shaw 66 hEA - BR2471326 AL - 6388	Julio Enrico Rios DEA - BR2471326 ARN - 21678	Wallace Falero DEA - AF1692119 AL - 9405	James M, Brady DEA - BB642208 AL - 22767		
	David G. Alexand DO - 657 AA3259226	DEA - AM68691 ARN - 7151		Julian Mahaganasan DEA - BM7657121 AL 24518	George Smith DEA A62179706 AL 11413	James Thomas DEA - BT364283 DO 974	8	
£	Victoria L. Beckm DEA - BB6253885 AL- 22440	pn Cerlos Gutierre DEA - 8G66162 AL 24653		James Matic DEA BM3360536 AL 17681	David Hines DEA BH2531160 AL 22703			
LABEL No Refi	ALL PRESCRIPT		Selection Permitted	M.D./D.O.	·	Diapense as Writ		.D./D.Q.

DOB: 10/29/53 - ASP-56/0 / ARP: 19/19/15 - WC
AGRICULTUM - US/30/06 1929P
917 SULLIVAN, JOEL C



FBa**ptist^{/27}ERPRESCRIPTION &**HEALTH DISCHARGE INSTRUC **DISCHARGE INSTRUCTIONS**

DIS	CHARGE	NSTRUCTIO	No - MEDICAL CHAR	T		Page 3	of 3		
Weight	Phone	Allergies						 	Location SOUTH
MEDICIN	ES PRES	CRIBED	If non, check this box:	ГПV	OID IF NOT	PRINTED WITH	CRANBER	RY BAC	KGROUNI
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Referred to: Dr. ‡ Phone: Call on ne inda		day for follow	-up appointment Next available		l∵lf no imp physicia ∴≀Learning	c Emergency Dept in provement or your or n or return to the En needs assessed	ondition wors nergency De I Instruction	sens, call partment s Modified	your private for a recheck
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urthermore, i r call my prima redication or tr	nany have bei ny care provid satment causi	en released befor er or return to this es drowsiness. I	was rendered on an emerger e all of my medical problems is facility or the nearest emerge have read and understand the ed for modification in therapy,	were appa ency cente above, re	irent, diagnosec er. I understand eceived a copy (I, and/or treated. If my on that I should NOT drive of this form and applicate	condition worse or perform haz de instruction s	inė, i have t ardous tasi	ks if my
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INSTRUCTE	D BY:	11			PHYSICIAN				
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WORK/SCI	IOOL STAT	EMENT from	the Emergency Depart	ment	*********				
PATIENT	······································					DATE			
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Must	be reevalu		chool. Estimated time ly / occupational physi		-	Other			
Time of kom sch	bol or work lander by	an three days should be e	pproved by a Personal or Company/Occupa	Rional Medicine	Physician, unless offis	Delista ecimo			
	HAIL BE HAZÍT		:						

	e 2:06-cv-00748-MEF-WC PROGRES NOTE Filed 11/27/2006	Page 22	2 of 51
Last Namp	non, Tames. Attending Physician Nechology	Room No.	Hosp. No.
A Date F	Maria (1997) Angering (1997) Notes Should Be Signed by Physician L		
530	I'm brillieght up to now	lecal	<u>\</u>
	do 90 9 3.0:B K.20	, P.	88.
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	(1.00 monitor.)	-4·4	Longo Pri
6/3/06	Ilm came to Med room claiming his	ches	* was
	hurting + had a heaviness feeling		•
	stated pain was radiating down (D) arm	of was
 , ,	having trouble breathing. Checked.	I/m'5	<u> VS — </u>
	BP 1420 P102, gave one initro-quick under I	orque,	united
	5 minutes / VS again BP 9 12 P-107,	Ilm p	stated be
	was still husting, give anothe 2nd 1	Vitro-	quick,
	VYS 3rd time BP 19/12 P-127, called D1. gare TO to pend to ER. for eval. Eat	JUCK	265 4 46e.
	gare 10 to pend to E.K. you eval, East	uor e	D. Colo, 1100
			4
	·		
Form 65 e	Dr	PRO	GRESS NOTES

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INMATE SICK CALL SLIP – MEDICAL REQUEST TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be

seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at Today's Date: 06/28/06 Pod/Location: 6 pod Cell: 1000 severe pain in my back, neck imate's Signature: Date: O BE COMPLETED BY MEDICAL STAFF: ote Patient's Vital Signs: Resp____Pulse____B/P____ structions/Assessment: Document your findings, Inmate's responses/actions____

e original form in patient's medical record.

Chronic Condition

_ / LC3

e Seen by Medical: Seen by:

Inmate to be charged through medical co-pay for this visit

Received Orders - thru Treatment Protocols; via telephone order; via verbal order

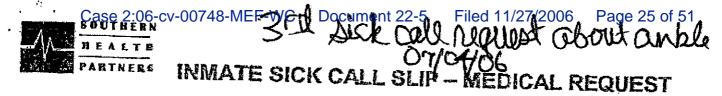
Follow-Up Required? If checked, date to be seen again_____

PROGRESS NOTES

49/0					
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PROGRESS NOTES



TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for subrassion and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 07/04/0	2 Podłocadon:	5	_cet 507	_ 10# 7	6363
Inmate's Full Name: JAW	S O HUR	mul			
Complaint/Problem: MU O Weight on it do also my back the dawn in	is hulling to	e villace led box Robert	pain. VI h Uly since l Millwood	eldstob Was push	
low long have you it is podulinate's Signature:	Drus TT	offmai	The state of the s	ren push	led down
O BE COMPLETED	BY MEDIC AL S	STAF T:	\$ \$5\$\$\$\$\$\$\$\$\$.	order	ed X-noux already on IBI
lote Patient's Vital Size	Тетр	Resp_	Pulse	B/P	
istructions/Assessment Loc	wnest ඉංස සිංගිලs,	Inmate's resp	onses/actions		
				:	
Received Orders — Em. Treat Follow-Up Required? If the Chronic Condition Inmate to be charged Euroug	cked, in the seem	n agains	der, via verb≊ i orde	er 	-
te Seen by Medicat	Seen by:				
ce criginal form in patients	i record				

SOUTHERN RADIOLOGY SERVICES, LLC X-RAY REPORT

DATE

LAST NAME

FIRST NAME

MI

7/5/2006 D.O.B.

HUFFMAN SEX JAMES

FACILITY

SHP-AUTAUGA CO JAIL

X-RAY NO.

ORDERING PHYSICIAN

NICHOLS

LEFT ANKLE, TWO VIEWS, 07/05/06: Anterior tibial and dorsalis pedis artery calcifications are present. No fracture, dislocation or any significant bony abnormality identified.

DICTATED BUT NOT REVIEWED

Randall Finley, M.D./pag

tt: 7/5/2006 1:53:24 PM td: 7/5/2006 1:41:33 PM

		MISSISSIPPI 945-969-CV-00748-MEI	. • ١	SER	VICE	ent 22-5 Filed 7	. 1/4		***************************************	ini-Bucjilly (MacKoloré Karli A Skilled): IIII Insurançe (3rd Perty Monskilled): Kospics
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s.	118-	78-9424					abla		1	
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(ED)	CAID #:		_		_	PATIENT SIGNATURE;		*********		· · · · · · · · · · · · · · · · · · ·
VSUI	RANCE:			CODE						nedical or other information necessary to nade to the provider performing services.
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1\$U	PANCE #:						<u> </u>	ŀ	atieni Unabie	to Sign
	is reques Y exams	TED: Please Mark Each Clearly								
ات	74000	Abdomen, 1 View		735	20 1	Hip, Min 2 Views w/Pelvis L	R	1	73590	Tibia/Fibula, 2 Views L
	73600	Ankle, 2 Views (AP 7 LAT) L	R	735		Hip, Comp Min 2 Views L	Ħ		73100	Wrist, 2 Views L
	73610	Ankle, Comp Min 3 Views L	Ř	730		Humerus, Min 2 Views L	R		79110	Wrist, Min 3 Views L
	73650	Calcaneus (Heel), 2 Views L	R	735		Knee, 2 Views L	F			OTHER
	71010	Chest, 1 View (AP)		735	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Knee, 3 Views (Inc OBLQ) L	R	ļ		OTHER EXAMS L
	74444	Observation Project Assessment		701		Nesal Bones, Comp Min 3 View	16	<u> </u>		
-	71111 73000	Chest With Ribs, 4 Views Clavicle, Complete	R	721		Petvls, 1 Views Ribs, 2 Views	H	 	93000	EKG Pacemeker: Y N
	73070		#	722		Sagrum/Coccyx, Min 2 Views	-	<u> </u>	95819	EEG
	73080		R	730		Shoulder, Min 2 Views	R			
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	73130	Hand, 2 Views L Hand, Min 3 Views L	규	720		Spine, Thoracic 2 Views	\dashv	ŀ		
DAK	NOSIS/SYM	PTOM(S): Please Mark ALL the	at app	нy	3				·	
-	787.3	Abdomen Distention (Flatulence		496	. 1	COPD, Chronic Obstructive Pulm. D	is. T	1	560.9	Obstruction, Intestinal
	787.5	Abnormal Bowel Sounds	"	786		Coughing		-		Pain in
,,	413,0	Angina				Dislocation of			485	Pneumonia, Confirmed
		Arthritis of		780	3.4	Dizziness		<u> </u>	514	Pneumonia, Probable
	429.2	ASCVD, Arterioscierotic cardiovas. C	is.	787		Dysphagia (Difficulty Swallowin	ġ.		795,5	Positive Mentoux, PPD
	427.31	Atrial Fibrillation		782		Edema (Swalling) Emphysema		-	518.4 515	Pulmonary Edema, NOS Pulmonary Fibrosis
	507.0 427.89	Aspiration Bredycardia	-	780		Febrije (Feverish)		-	786.7	Raies in Chest
	427,00	Bruise of				Possible Fracture of			786.09	Shortness of Breath
	466.0	Bronchitis, NOS	\dashv	560	0,39	Impaction			780.2	Syncopa & Collapse
		Carcinoma of		516		Infiltrate, Lung			785.0	Tachycardia
	429.8	Cerdiomegaly]		0.92	Myocardial Infarction			011,90	Tuberculosis
	766,50	Chest Pain, Unspecified		787	7.01	Nausea and Vomiting	_	<u> </u>	519.8	URI (Chronic)
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	460.0	Congestive right retails		ــــــــــــــــــــــــــــــــــــــ			لـــــا	<u> </u>	<u> </u>	TATION .
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ind	difficult to reces	psychological and/or ago andadores, this patient we this/these procedura(a) at a lorad site. I certif	r that	PHYSIC	IAN:	victols		DA	TE: 7 S	do rviews: Z
	lhasa procedum() is pederd.	i) is/are madically necessary for the proper treat	mear	PHONE	# ;	First Less		AR	RIVE TIME:	930 Am 00082 # /
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HA	DIOLOGIST:	· · · · · · · · · · · · · · · · · · ·		FAX:		* I		10E	PART TIME	* THE FRIEDEN
	ELIMINARY.	REPORT:								



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

oday's Date: 08/29/06 Pod/Location: 10 Pod Cell: 601 tD#	
nmate's Full Name: JAMES G. HUFFWAN	
complaint/Problem: Please drop all my medications a likelyst	
my appirin, clavil and listeril & due to the fact &	
my appirin, elavil and listeril & due to the fact & can't afford to pay for it because of the \$100.00 debt?	Ę
low long have you had this problem?	
nmate's Signature: Ames F. Huffman Date: Dugust 28,200	k
TO BE COMPLETED BY MEDICAL STAFF:	
lote Patient's Vital Signs: Temp Resp Pulse B/P	
nstructions/Assessment: Document your findings, Inmate's responses/actions	
☐ Received Orders – thru Treatment Protocols; via telephone order; via verbal order ☐ Follow-Up Required? If checked, date to be seen again	
Chronic Condition Inmate to be charged through medical co-pay for this visit	
Date Seen by Medical: Seen by:	
Place original form in patient's medical record.	
* that occurred all to a muxtup in the themetation	
that occurred due to a mixtup in the medication listing of ordered meds not having been sent to	

Refusal of Treatment and Release of Responsibility

	Inmate's Name: James Huffman
	Date of Birth: 10-29-53 Social Security No.: 418-78-9424
	Date: $9 - 2 - 86$ Time: $5:68$ a.m. $(p.m)$
	This is to certify that I, <u>James Huffman</u> currently in custody at the <u>Autauga Co. Metro Jail</u> J(Print Facility's Name)
	I have been told about the risks of refusing treatment for my current medical condition and acknowledge that I understand all medical information, current diagnosis, and future procedures that have been explained to me.
	I am refusing any and all medical procedures and/or treatments of my current medical condition. If I decide to obtain medical treatment regarding my current condition, I will notify the medical staff immediately. I understand the limitations of treatment that may have been based on my refusal of prior treatment.
	Therefore, I release Southern Health Partners, Inc., its staff, the facility and its staff and administrator(s) from all responsibility and I assume personal responsibility for the conditions that may occur as a result of my refusing treatment as prescribed by the medical staff of the facility and/or outside consultation services.
Iam	refusing from this date on 09/02/06 Light Signature of Inmate Signature of Inmate Signature of Signature of SHP Medical Representative
	V-siness Date
	cc: Confidential Medical File Jail Administrator
huma	te has requested we stop all of this meds 3712 Ringgold Road, #364 Chattanooga, TN 37412
pt	Vistaril, Elaril, Aspirim because he 423-553-5635 Phone

PROGRESS NOTES

DATE		NOTES S	HOULD BE SIGNED BY PHYSICIAI	N	
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IANE +*		r's Signature:			
IAME-Lest	First	Middle	Attending Physician	Record No.	Room/Bed



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sci Call Slip and return it to the correctional officer and/or medical staff in submission and review by the medical staff. The medical staff in arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical scapay system at this facility.

Today's Date: 10/09/06 Pod cell: 601
Inmate's Full Names James Q. Huffman
Complaint/Problem: 1 am experiencing Dever pain in my left
Complaint/Problem: lam experiencing Dever pain in my left abdomen near the rib cage where I had my spleen
Moved. In still having a real problem with min
How long book with the same of the book of the control of the cont
Inmate's Signature: Date: 10(09/06
******** ****** ******* ****** ********
TO BE COMPLETED BY MEDICAL STAFF:
Note Patient's Vital Signs: Temp Resp Pulse B/P
Instructions/Assessment Document your findings, Inmate's responses/actions
Im To Storoche pain & stabling, busing feeling Su MD orders
Received Orders — titul Treatment Protocols; via telephone order; via verted order I Follow-Up Required? 5 checked, date to be seen again
Chronic Condition Inmate to be charge: Expugh medical co-pay for this visit
ate Seen by Medical: Seen by: JE, MTA



INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 10/31/06	_Pod/Location: D – $\&$	Cell:601	/ID#	
Inmate's Full Name: Jar	nes G. Huffi	nan		
Complaint/Problem: 1 Q	n still havin	g severe	pain in	my
Ottomor Oil	domen, in t	hecenter	of my o	liaphra
and under, m	yribs on the	right si	ide. I na	ed to see
Doctor Nichol How long have you had this pro	Soblem? For about	- 2 Weeks	but it	ras gotte
Inmate's Signature:	imes & Huff	nan	Date: 10/3/	106
*****	******	*** ******	* ******	*****
TO BE COMPLETED E	BY MEDICAL STAFF:			
Note Patient's Vital Signs:	TempResp	Pulse	B/P	
Instructions/Assessment: Docu	'	·		······
			· ·	
		·		
☐ Received Orders – thru Trea☐ Follow-Up Required? If ched☐ Chronic Condition☐ Inmate to be charged through	ked, date to be seen again			
Date Seen by Medical:	Seen by:			
			· ·	

Place original form in patient's medical record.

PROGRESS NOTES

DATE			NOTES SH	OULD BE SIGNED BY PH	YSICIAN		
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	reflu	K sx	's was	1 Bal 3	3-4	Longs ag	a
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		Doo	ctor's Signature:				
NAME-Last		First	Middle	Attending Physician		Record No.	Room/Bed

and the second designation of the second sec	
HE A	The same of the same
PAR	T N E R S D.O.B. Or I.D. #: 10/29/53
Start at top and write subse	quent orders below AIICEECS AKOA
Date of physician's order:	D/C Paxi Q (Paroxetina) 40 mg QPH.
11/8/05	and airestom traces and
2000	Den Start
201805	1. 1.
11/00/1	Flusketine 20mg it sales a P.H.
Date of physician is autom	par v.o. Da. Michas / Coox CAP
Date of physician's order:	DC Plaux 75mg
11/9/05.	AsA 325mg po bid.
1 7 9 3	vo Dr Nichald/ & Cal -
	la c
1 .	N
Date of physician's order:	Continue mede as taken:
5/2/04	mevacor your - po ruly
8/2/01	Dasoter 20mg = po bid
	Vistoril 25mg - po bid
	Prozac 20mg in po gpm.
Date of physician's order:	Elavil 100 mg T po 1 pm.
	ASA 325mg = po bid.
	UU Dr Nichola/ 2Cm
	-101
* 4	TVI)
Date of physician's order:	7 10 1 7 35 10 10 10 10 10 10 10 10 10 10 10 10 10
	Tylenol 32) mg - po b. & x 7 days
5-5-06	110 Dr Nichols / Klosh
•	- My
4	
Date of physician's order:	tylenol 325mg = tops bid x 3days.
5240o.	that Dr. Necholo: A Harla LAN.
Oprila.	. 1.5/0
	NV
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H E	THERN Immate Name: Huffman, James THERS BOLL OF LD. 2: 10/29/53
Start at mp and write mis	
Date of physicism's erder	
5/25/06	24 free 150 00 boll x 10 D.
5/26/de	Keflex 500mg TiBIN x 7days port protowl - Month
Date of physician's order.	of the 16th of the
6/24/04	Montae 150mg BID' Lyo Dr. per +x protocol D. Ello, MIA
Date of physicism's order:	madrol dose ph.
6/29/06	F dose pk. is gone give I byprofon 1200mg
	Roberin 750mg it bid x 7 clays,
Date of physician's order:	
Date of physician's order:	

Physician's Orders

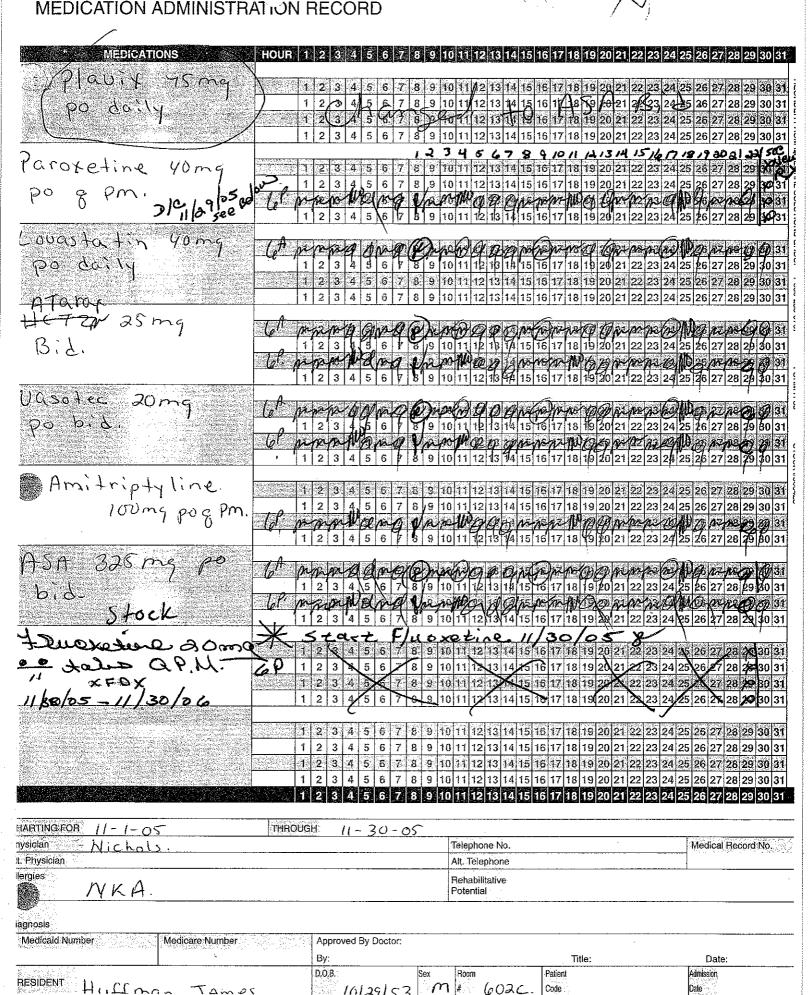
Inmate Name: Auffman, James SS#: DOB: 10-29-53 Allergies: NEA	Facility: <u>Hu faus a</u> County 0 Jail
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the state of the s	Date:
Thursolen 800 b	id × 10 days prn,
Fleperil 10mg	id × 10 days pru,
Researting &	py
M.D.Sig	M.D. Sig:
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Case 2:06-cv-00748-MEF-WC Document 22-5

Filed 11/27/2006

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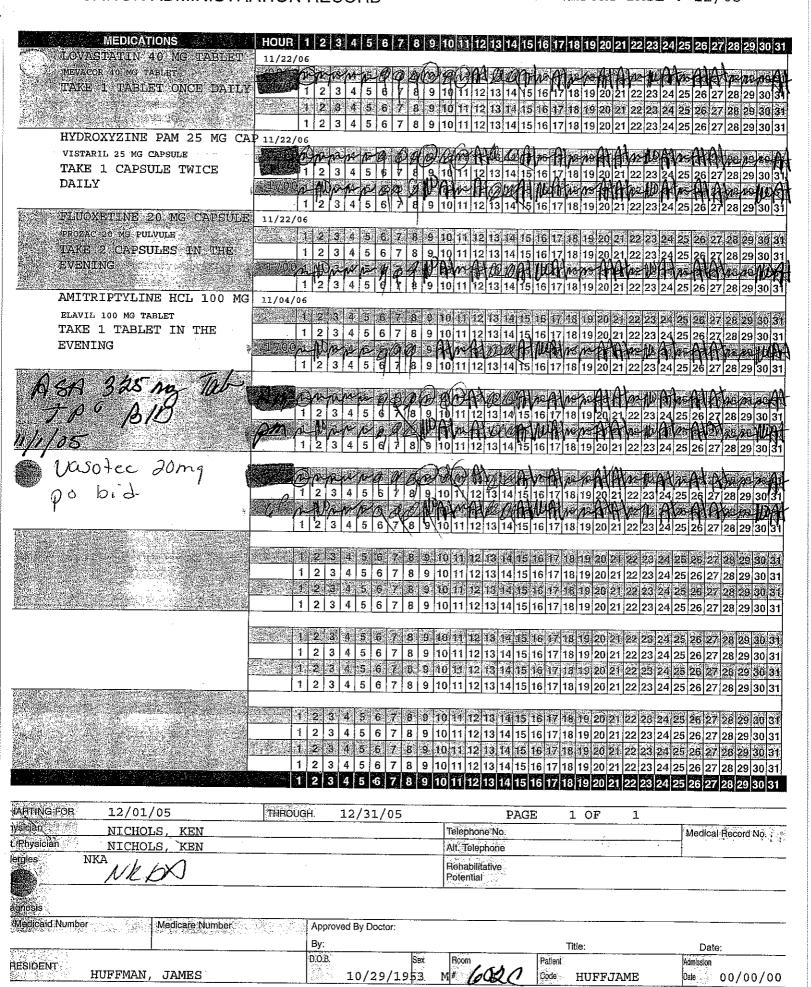
UTAUGA COUNTY JAIL UFFMAN, JAMES REPORT DATE : 01/06

MEDICATIONS	HOUR 1	2 3 4	5 6 7	R Q 1	0 11 12	13 14 15 1	6 17 18 19 2	10 21 22 23 24 2	5 26 27 28 29 30 31
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. MEVACOR 40 MG TABLET	0.000		191						किंग्रह्मिक क्रिक्रिक
TAKE 1 TABLET ONCE DAILY			5 6 7						5 26 27 28 29 30 31
	1		5 6 7 5 6 7		1				26 27 28 29 30 31
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TAKE 1 TABLET TWICE DAILS			5 6 7						26 27 28 29 30 31
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HARTING FOR 01/01/06	THROUGH	03/	27/00			B1			
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lt. Physician NICHOLS. KEN		···		•	Alt-Tele		·		Medical Record No.
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IVNH				·	Potenti				
lagnosis									
Medicaid Number Medicare Number		Approved B	v Doctor						
	į.	Бу:	,00001				Title:		Date
RESIDENT		D.O.B.		Sex	Room		Patient		Date:
HUFFMAN, JAMES		10,	/29/19	953 M	ŧ	J	Code HUF	FJAME	Data 00/00/00

Case 2:06-cv-00748-MEF-WC Document 22-5 MEDICATION ADMINISTRATION RECORD

Filed 11/27/2006FMANAGE AMES 51

PORT DATE: 12/05



Y ADMINISTRATION RECORD

UTAUGA COUNTY JAIL UFFMAN, JAMES REPORT DATE: 01/06

MEDICATIONS	HOUR 1 2 3 4 5 6 7 8	9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27	
OVASTATIN 40 MG TABLET	11/22/06	3 [10]11 12 [13]14 15 [16:17:18]19 20 21 22 23 24 25 26 27	28 29 30 3
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ENALAPRIL MALEATE 20 MG	7 22 4 2 5 6 7 8	9 10 11 12 13 14 15 18 17 18 19 20 21 22 23 24 25 26 27	20 20 20 2
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AUTAUGA COUNTY JAIL HUFFMAN, JAMES REPORT DATE : 06/06

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AUTAUGA COUNTY JAIL HUFFMAN, JAMES REPORT DATE : 07/06

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AUTAUGA COUNTY JAIL HUFFMAN, JAMES REPORT DATE: 08/06

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RESIDENT HUFFMAN, JAMES	By: DOB. Sex 10/29/1953	Title: Room	Date: Admission PFJAME Dale: 00/00/00

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CHARTING FOR 10/01/06	ТНЯ О ЫСН 10/31/06	PAGE	1 OF 1	<u> </u>
Physician NICHOLS, KEN	Participation of the participa	Telephone No.		Medical Record No.
Alt Physician NTCHOLS, KEN		Alt. Telephone		
Mergies NKA		Rehabilitative Potential		
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RESIDENT HUFFMAN. JAMES	10/29/19	Sex Room 958 M # J	Code HUFFJAME	Date 00/00/00
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